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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Presence Chicago Hospitals Network

Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
200 South Wacker Drive 1200

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-2235165

E Telephone number
(877) 737-4636

G Gross receipts $ 1,087,639,341

F Name and address of principal officer:
KEITH PARROTT
200 South Wacker Drive 1200
Chicago, IL 60606

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ SEE SCHEDULE O

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1949

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	854
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,902,444
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	340,322

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	932,546	2,988,700
9	Program service revenue (Part VIII, line 2g)	542,823,010	1,070,492,646
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	297,813	182,266
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,545,041	12,867,092
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	551,598,410	1,086,530,704
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,000	394,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	207,960,600	412,000,711
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	347,066,997	638,445,912
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	555,033,597	1,050,840,623
19	Revenue less expenses. Subtract line 18 from line 12	-3,435,187	35,690,081

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	816,476,538	772,784,828
21	Total liabilities (Part X, line 26)	171,410,357	144,897,870
22	Net assets or fund balances. Subtract line 21 from line 20	645,066,181	627,886,958

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2020-05-15
Signature of officer Date

TONYA MERSHON TAX OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

OUR MISSION AS PART OF A CATHOLIC HEALTH CARE SYSTEM IS TO FURTHER THE HEALING MINISTRY OF JESUS BY CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF ALL PEOPLE, ESPECIALLY THE POOR, IN THE COMMUNITIES WE SERVE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 728,665,868 including grants of $ 394,000) (Revenue $ 1,046,968,777)
See Additional Data

4b (Code:) (Expenses $ 12,844,708 including grants of $) (Revenue $ 25,623,615)
See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 741,510,576

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a. *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		No	
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**	Yes		
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**				
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders **11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	**16**		No	

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶SARA O'BRIEN 11775 BOMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS HUBERTY MD CHAIR	1.0 2.0	X		X				0	0	0
(2) MARSHA LADENBURGER RN VICE CHAIR	1.0 2.0	X		X				0	0	0
(3) THOMAS RUSSE DIRECTOR	1.0 2.0	X						0	0	0
(4) GARY LIPINSKI MD DIRECTOR	0.0 50.0	X						0	449,137	23,008
(5) JAY BERGMAN DIRECTOR (START 6/2019)	1.0 1.0	X						0	0	0
(6) PATRICIA FOLTZ DIRECTOR	1.0 1.0	X						0	0	0
(7) MARK HANSON DIRECTOR	1.0 1.0	X						0	0	0
(8) BETTINA A JOHNSON ASSISTANT TREASURER (END 12/2018)	0.0 50.0			X				0	269,108	16,099
(9) MARTIN H JUDD PRESIDENT	50.0 0.0			X				994,366	0	35,269
(10) PATRICIA EDDY TREASURER	0.0 50.0			X				0	491,134	36,023
(11) JULIE P ROKNICH SECRETARY	0.0 50.0			X				0	299,953	34,317
(12) ROBERT MICHAEL DAHL REGIONAL PRESIDENT & CEO - NWC	50.0 0				X			697,039	0	33,235
(13) JAMES LEON ROBINSON III PRESIDENT - SJH CHICAGO	50.0 0				X			536,980	0	755,815
(14) YOLANDE D WILSON-STUBBS PRESIDENT - HFMC LTACH	50.0 0				X			493,922	0	28,862
(15) KENNETH PRESTON JONES PRESIDENT - PSFH	50.0 0				X			476,189	0	35,111
(16) LAURA L CONCANNON CMO	50.0 0					X		463,446	0	34,275
(17) DAVID J BORDO MD REGIONAL CMO	50.0 0.0					X		417,630	0	29,506

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTIN SIGLIN MD CMO - SFH	50.0 0.0					X		383,906	0	30,576
(19) ROBERT ROSENBERGER REGION CFO METRO CHICAGO	50.0 0.0					X		355,516	0	14,413
(20) JAMES H KELLEY FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	2,288,689	19,828
(21) ANN ERRICHETTI FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	2,399,925	9,481
(22) JEANNIE C FREY FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	1,669,694	13,959
(23) JEFFREY M ROONEY FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	967,249	20,127
(24) ROBYN PARKER FORMER KEY EMPLOYEE (END 12/2015)	0.0 50.0						X	0	247,054	31,865
(25) THOMAS KOELBL FORMER KEY EMPLOYEE (END 12/2015)	0.0 50.0						X	0	747,569	640,409
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								4,818,994	9,829,512	1,842,179

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHSTAR ANESTHESIA OF ILLINOIS LLC 6225 STATE HWY 161 200 IRVING, TX 75038	ANESTHESIA SERVICES	6,785,649
STREAMWOOD MGMT SERVICES 5730 W ROOOSEVELT ROAD CHICAGO, IL 606441580	MANAGEMENT SERVICES	5,840,588
HEALOGICS WOUND CARE AND HYPERBARIC SVCS 28525 NETWORK PLACE CHICAGO, IL 606731285	MEDICAL SERVICES	2,223,873
RAMAKRISHNA VELAMATI 2800 NORTH LAKE SHORE DRIVE CHICAGO, IL 606576254	MEDICAL SERVICES	1,148,274
DIAMOND HEADACHE CLINIC LTD 1460 NORTH HALSTED STREET CHICAGO, IL 60642	MEDICAL SERVICES	1,043,557

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 59

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☑

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	2,511,900			
	e Government grants (contributions)	1e	476,407			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	393			
	g Noncash contributions included in lines 1a - 1f: $					
	h **Total.** Add lines 1a-1f		2,988,700			

Program Service Revenue	Business Code				
2a Net Patient Service Revenue	621990	1,037,451,950	1,037,451,950		
b Pharmacy Revenue	446110	4,700,007	4,291,218	408,789	
c Rental Income from Affiliates	531120	2,800,815	2,800,815		
d Income from Joint Ventures	621990	-83,741	-83,741		
e Net Resident Revenue	623000	25,623,615	25,623,615		
f All other program service revenue.		0	0	0	0
g **Total.** Add lines 2a–2f		1,070,492,646			

Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			337			337
4 Income from investment of tax-exempt bond proceeds			0			0
5 Royalties			0			0
	(i) Real	(ii) Personal				
6a Gross rents	1,468,053	0				
b Less: rental expenses	1,094,351					
c Rental income or (loss)	373,702	0				
d Net rental income or (loss)			373,702		-255,694	629,396
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	0	196,215				
b Less: cost or other basis and sales expenses		14,286				
c Gain or (loss)	0	181,929				
d Net gain or (loss)			181,929			181,929
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	a	0				
b Less: direct expenses	b	0				
c Net income or (loss) from fundraising events			0			0
9a Gross income from gaming activities. See Part IV, line 19	a	0				
b Less: direct expenses	b	0				
c Net income or (loss) from gaming activities			0			0
10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold	b	0				
c Net income or (loss) from sales of inventory			0			0
Miscellaneous Revenue		Business Code				
11a Cafeteria/Vending Revenue		722514	4,270,909			4,270,909
b Education Revenue		611430	540,593	524,139	16,454	
c Child Care Revenue		624410	3,097,053		2,344,435	752,618
d All other revenue			4,584,835	1,575,607	388,460	2,620,768
e **Total.** Add lines 11a–11d			12,493,390			
12 **Total revenue.** See Instructions.			1,086,530,704	1,072,183,603	2,902,444	8,455,957

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	394,000	394,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,086,787	0	4,086,787	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	331,856,983	296,972,409	34,884,574	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,453,661	11,737,128	716,533	
9 Other employee benefits	39,218,878	34,849,534	4,369,344	
10 Payroll taxes	24,384,402	21,612,823	2,771,579	
11 Fees for services (non-employees):				
a Management	1,641		1,641	
b Legal	155,435		155,435	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,000		35,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	32,735,114	32,438,406	296,708	0
12 Advertising and promotion	965,923	863,958	101,965	
13 Office expenses	2,763,204	1,544,713	1,218,491	
14 Information technology	54,730	34,763	19,967	
15 Royalties				
16 Occupancy	29,182,348	15,808,081	13,374,267	
17 Travel	681,784	466,933	214,851	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	666,632	599,590	67,042	
20 Interest	22,902,183	965,084	21,937,099	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	64,572,564	19,601,352	44,971,212	
23 Insurance	23,710,751	16,597,526	7,113,225	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	139,877,255	139,877,255		
b Professional Fee to Affiliate	121,844,120	4,196,969	117,647,151	
c Purchased Services	107,775,051	63,198,720	44,576,331	
d Provider Tax	54,865,418	54,865,418		
e All other expenses	35,656,759	24,885,914	10,770,845	0
25 **Total functional expenses.** Add lines 1 through 24e	1,050,840,623	741,510,576	309,330,047	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	39,567
	2	Savings and temporary cash investments	2,232,527	2	2,748,996
	3	Pledges and grants receivable, net	74,098	3	5,982
	4	Accounts receivable, net	174,211,387	4	154,545,397
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	27,009,136	8	22,841,507
	9	Prepaid expenses and deferred charges	0	9	290,772
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 629,371,157			
	b	Less: accumulated depreciation — 10b: 47,205,024	591,878,871	10c	582,166,133
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	2,801,920	13	2,718,179
	14	Intangible assets	0	14	592,384
	15	Other assets. See Part IV, line 11	18,268,599	15	6,835,911
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	816,476,538	16	772,784,828
Liabilities	17	Accounts payable and accrued expenses	26,300,730	17	3,440,366
	18	Grants payable	0	18	0
	19	Deferred revenue	4,839,622	19	8,213,091
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	140,270,005	25	133,244,413
	26	**Total liabilities.** Add lines 17 through 25	171,410,357	26	144,897,870
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	645,066,181	27	627,886,958
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	645,066,181	33	627,886,958
	34	Total liabilities and net assets/fund balances	816,476,538	34	772,784,828

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,086,530,704
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,050,840,623
3	Revenue less expenses. Subtract line 2 from line 1	3	35,690,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	645,066,181
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-52,869,304
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	627,886,958

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Part III, Line 4a:

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES 5 ACUTE CARE HOSPITALS AND 1 LONG TERM ACUTE CARE HOSPITAL. AMITA HEALTH RESURRECTION MEDICAL CENTER IS A 320-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH RESURRECTION MEDICAL CENTER TREATED 12,341 ADULTS AND CHILDREN FOR A TOTAL OF 63,517 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 172,892 OUTPATIENT VISITS, WHICH INCLUDED 3,570 OUTPATIENT SURGERIES AND 41,251 EMERGENCY ROOM VISITS. AMITA HEALTH HOLY FAMILY MEDICAL CENTER IS A 172-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH HOLY FAMILY MEDICAL CENTER TREATED 1,454 ADULTS AND CHILDREN FOR A TOTAL OF 31,067 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 18,283 OUTPATIENT VISITS, WHICH INCLUDED 911 OUTPATIENT SURGERIES. AMITA HEALTH ST FRANCIS HOSPITAL IS A 191-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH ST FRANCIS HOSPITAL TREATED 7,757 ADULTS AND CHILDREN FOR A TOTAL OF 30,427 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 122,997 OUTPATIENT VISITS, WHICH INCLUDED 2,978 OUTPATIENT SURGERIES AND 35,125 EMERGENCY ROOM VISITS. AMITA HEALTH SAINT JOSEPH HOSPITAL - CHICAGO IS A 329-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH SAINT JOSEPH HOSPITAL - CHICAGO TREATED 9,956 ADULTS AND CHILDREN FOR A TOTAL OF 51,473 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 100,528 OUTPATIENT VISITS, WHICH INCLUDED 4,974 OUTPATIENT SURGERIES AND 20,224 EMERGENCY ROOM VISITS. AMITA HEALTH ST MARY & ELIZABETH MEDICAL CENTER IS A 473-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH ST MARY & ELIZABETH MEDICAL CENTER TREATED 17,629 ADULTS AND CHILDREN FOR A TOTAL OF 98,605 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 220,603 OUTPATIENT VISITS, WHICH INCLUDED 4,567 OUTPATIENT SURGERIES AND 63,738 EMERGENCY ROOM VISITS. PRESENCE CHICAGO HOSPITALS NETWORK OPERATES OUTPATIENT PHARMACIES. THESE PHARMACIES ARE PRIMARILY FOR THE CONVENIENCE OF PATIENTS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

Form 990, Part III, Line 4b:

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES 3 INDEPENDENT LIVING RETIREMENT COMMUNITIES - PRESENCE RESURRECTION RETIREMENT COMMUNITY IN CHICAGO, PRESENCE CASA SAN CARLO RETIREMENT COMMUNITY IN NORTHLAKE, AND PRESENCE BETHLEHEM WOODS RETIREMENT COMMUNITY IN LA GRANGE PARK .

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2017 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	542,714	527,813	505,670	479,407	417,952
b Contributions	103,437	54,928	112,843	112,191	152,656
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	108,909	40,027	90,700	85,928	91,201
f Administrative expenses					
g End of year balance	537,242	542,714	527,813	505,670	479,407

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		137,380,000		137,380,000
b Buildings		370,342,858	19,172,010	351,170,848
c Leasehold improvements		2,484,822	189,320	2,295,502
d Equipment		104,799,499	27,354,699	77,444,800
e Other		14,363,978	488,995	13,874,983
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				582,166,133

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
NURSING HOME SECURITY DEPOSITS & ENTRANCE FEES	
MEDICAID SETTLEMENTS	
DUE TO AFFILIATES	
Other Liabilities	16,583,663
Estimated 3rd Party Payor Settlement	96,327,837
Physician Guarantee Liability	47,497
Recovery Tail Liability	4,432,704
Accrued Tax Liability	3,362,117
DEFERRED ACCOMMODATION FEES SHORT TERM	12,490,595
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	133,244,413

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Schedule D, Part X, - Other Liabilities

1. **(a)** Description of Liability	**(b)** Book Value
NURSING HOME SECURITY DEPOSITS & ENTRANCE FEES	
MEDICAID SETTLEMENTS	
DUE TO AFFILIATES	
Other Liabilities	16,583,663
Estimated 3rd Party Payor Settlement	96,327,837
Physician Guarantee Liability	47,497
Recovery Tail Liability	4,432,704
Accrued Tax Liability	3,362,117
DEFERRED ACCOMMODATION FEES SHORT TERM	12,490,595

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	TEMPORARILY RESTRICTED FUNDS ARE IN POSSESSION OF PRESENCE CARE TRANSFORMATION CORPORATION TO BE ADMINISTERED AT THE CORPORATE LEVEL FOR THE BENEFIT OF THE SYSTEM'S CHAPELS WITHIN EACH HOSPITAL.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2019.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			14,506,234	0	14,506,234	1.38 %
b Medicaid (from Worksheet 3, column a)			239,330,750	254,738,370	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	253,836,984	254,738,370	14,506,234	1.38 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			935,839		935,839	0.09 %
f Health professions education (from Worksheet 5)			49,838,066		49,838,066	4.74 %
g Subsidized health services (from Worksheet 6)			1,049,903		1,049,903	0.10 %
h Research (from Worksheet 7)			58,758		58,758	0.01 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			365,026		365,026	0.03 %
j **Total.** Other Benefits	0	0	52,247,592	0	52,247,592	4.97 %
k **Total.** Add lines 7d and 7j	0	0	306,084,576	254,738,370	66,753,826	6.35 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 4,313,068		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	422,590,309
6	Enter Medicare allowable costs of care relating to payments on line 5	6	440,088,085
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,497,776
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	PRESENCE LAKESHORE GASTROENTEROLOGY LLC	ENDOSCOPY SERVICES	51 %	0 %	49 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **6**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): https://www.amitahealth.org/about-us/community-benefit/			
b ☐ Other website (list url): _____			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url): https://www.amitahealth.org/about-us/community-benefit/			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 600.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/			
b	☑ The FAP application form was widely available on a website (list url): https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/			
c	☑ A plain language summary of the FAP was widely available on a website (list url): https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why:			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **1**

Name and address	Type of Facility (describe)
1 LABOURE CLINIC 2913 N COMMONWEALTH CHICAGO, IL 60657	MEDICAL CARE CLINIC
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c PART 1, LINE 3C	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES (FPG), WITH FPG FAMILY INCOME LIMIT FOR ELIG IBILITY OF FREE CARE OF 200% AND FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CA RE OF 600% THE FOLLOWING ELIGIBILITY CRITERIA ARE EXPLAINED IN THE FINANCIAL ASSISTANCE PO LICY. PRESUMPTIVE ELIGIBILITY CRITERIA ANY PATIENT MEETING ANY OF THE CRITERIA SET FORTH B ELOW WILL BE CONSIDERED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT FURTHER DO CUMENTATION REQUIREMENTS. IN SUCH SITUATIONS, THE PATIENT IS DEEMED TO HAVE A FAMILY INCOM E OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL, AND THEREFORE ELIGIBLE FOR A 100% REDUCTIO N FROM MEDICALLY NECESSARY HOSPITAL CHARGES (I.E. FULL CHARITY WRITE OFF). PATIENTS WILL R ECEIVE A MINIMUM OF ONE (1) STATEMENT TO PROVIDE A SUMMARY OF SERVICES AND ACCOUNT INFORMA TION. PRESUMPTIVE ELIGIBILITY FOR 100% FINANCIAL ASSISTANCE WILL BE MADE FOR PATIENTS MEET ING ANY OF THE FOLLOWING CRITERIA: A. PATIENT IS HOMELESS (WITH SUCH STATUS VERIFIED AFTER REVIEW OF AVAILABLE FACTS). B. PATIENT IS DECEASED WITH NO ESTATE. C. PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF. D. PATIENT IS CURREN TLY ELIGIBLE FOR MEDICAID, BUT WAS NOT ON A PRIOR DATE OF SERVICE OR FOR NON-COVERED SERVI CES. E. PATIENT IS ENROLLED OR COVERED BY THE WOMEN, INFANTS AND CHILDREN NUTRITION PROGRA M (WIC). F. PATIENT IS ENROLLED OR COVERED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRA M (SNAP) OR FOOD STAMP ELIGIBILITY (LINK). G. PATIENT IS ENROLLED OR COVERED BY THE ILLINO IS FREE LUNCH AND BREAKFAST PROGRAM (ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS). H. PATIENT IS ENROLLED OR COVERED BY THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP). I. PATIENT OR FAMILY IS A QUALIFIED PARTICIPANT IN AN ORGANIZED COMMUNITY-BASED PROGRAM F OR PROVIDING ACCESS TO MEDICAL CARE THAT ACCESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCI AL STATUS CRITERIA. J. PATIENT RECEIVES OR QUALIFIES FOR FREE CARE FROM A COMMUNITY CLINIC AFFILIATED WITH THE HOSPITAL OR KNOWN TO HAVE ELIGIBILITY STANDARDS SUBSTANTIALLY EQUIVAL ENT TO THAT OF THE HOSPITAL UNDER THIS POLICY, AND THE COMMUNITY CLINIC REFERS THE PATIENT TO THE HOSPITAL FOR TREATMENT OR FOR A PROCEDURE. K. PATIENT IS A RECIPIENT OF GRANT ASSI STANCE FOR MEDICAL SERVICES. L. PATIENT PARTICIPATES IN STATE-FUNDED PRESCRIPTION PROGRAMS . M. PATIENT OR PATIENT'S FAMILY IS ENROLLED IN ILLINOIS HOUSING DEVELOPMENT AUTHORITY'S R ENTAL HOUSING SUPPORT PROGRAM. N. PATIENT OR PATIENT'S FAMILY HAS BEEN DETERMINED BY AN IN DEPENDENT THIRD-PARTY REPORTING AGENCY TO HAVE FAMILY INCOME OF 200% OR LESS THAN THE FEDE RAL POVERTY LEVEL. O. PATIENT OR PATIENT'S FAMILY'S INABILITY TO PAY ANY PORTION OF PATIEN T-LIABILITY AMOUNT HAS BEEN VERIFIED BY AN INDEPENDENT THIRD-PARTY AGENCY. APPLICATION OF CATASTROPHIC DISCOUNT. THE CATASTROPHIC DISCOUNT WILL BE AVAILABLE TO PATIENTS WHO HAVE ME DICAL EXPENSES OVER A 12-MONTH PERIOD FOR MEDICALLY NECESSARY SERVICES FROM A PRESENCE HEA LTH HOSPITAL THAT EXCEED 15% OF THE PATIENT'S FAMILY'S ANNUAL GROSS INCOME, EVEN AFTER PAY MENT BY THIRD-PARTY PAYERS. ANY PATIENT RESPONSIBILITY IN EXCESS OF 15% WILL BE WRITTEN OF F TO CHARITY. SERVICES THAT ARE NOT MEDICALLY NECESSARY WILL NOT BE ELIGIBLE FOR THIS DISC OUNT. UNINSURED SELF-PAY DISCOUNT 1. THERE IS NO APPLICATION PROCESS FOR THE PATIENT TO RE CEIVE THE UNINSURED SELF-PAY DISCOUNT. THE DISCOUNT IS APPLIED BASED ON THE ACCOUNT'S SELF -PAY/UNINSURED STATUS. 2. PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS (PACKAGE PRICING) FO R HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THE UNINSURED SELF-PAY DISCOUNT. 3. IF A PATI ENT IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE UNINSURED SELF-PAY DISCOUNT WIL L BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY DISCOUNT. FINANCIAL A SSISTANCE FOR CERTAIN CRIME VICTIMS. INDIVIDUALS WHO ARE DEEMED ELIGIBLE BY THE STATE OF I LLINOIS TO RECEIVE ASSISTANCE UNDER THE VIOLENT CRIME VICTIMS COMPENSATION ACT OR THE SEXU AL ASSAULT VICTIMS COMPENSATION ACT SHALL FIRST BE EVALUATED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BASED ON THE FINANCIAL ASSISTANCE GUIDELINES AND THE ELIGIBILITY CRITERIA. APP LICATIONS FOR REIMBURSEMENT UNDER SUCH CRIME VICTIMS FUNDS WILL BE MADE ONLY TO THE EXTENT OF ANY REMAINING PATIENT LIABILITY AFTER THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATI ON IS MADE. FINANCIAL ASSISTANCE FOR INSURED PATIENTS. FINANCIAL ASSISTANCE IN THE FORM OF 100% DISCOUNTS (FREE CARE) ARE AVAILABLE FOR PATIENT-LIABILITY AMOUNTS REMAINING AFTER IN SURANCE PAYMENTS, FOR INSURED PATIENTS WHO ARE ILLINOIS RESIDENTS WITH FAMILY GROSS INCOME LESS THAN OR UP TO 200% OF THE FEDERAL POVERTY GUIDELINES. FOR INSURED PATIENTS WITH FAMI LY GROSS INCOME BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES, THE EXPECTED PATI ENT PAYMENT WILL BE THE LESSER OF PATIENT'S OUT OF POCKET (OOP) LIABILITY REDUCED BY 100% OF THE HOSPITAL'S MEDICARE COST-TO-CHARGE RATIO OR THE AMOUNT THE PATIENT WOULD HAVE BEEN RESPONSIBLE FOR HAD THEY BEEN UNINSURED. THE AMOUN

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c PART 1, LINE 3C	T OF FINANCIAL ASSISTANCE WILL BE DETERMINED ONCE ALL THIRD-PARTY PAYMENT AMOUNTS HAVE BEE N IDENTIFIED. IN ADDITION, INSURED PATIENTS WITH HIGH HOSPITAL BILLS MAY RECEIVE A CATASTR OPHIC DISCOUNT. FINANCIAL ASSISTANCE FOR STUDENTS. FINANCIAL ASSISTANCE FOR VERIFIED FULL- TIME ENROLLED STUDENTS WITH INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL WILL BE EL IGIBLE FOR A 100% REDUCTION FROM CHARGES (I.E., FULL CHARITY WRITE-OFF).

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION - Part II	AMITA Health Saint Joseph Hospital Chicago (SJH-C): PRIMARY SERVICE AREA: 60657 CHICAGO - LAKEVIEW 60614 CHICAGO - LINCOLN PARK 60640 CHICAGO - UPTOWN 60626 CHICAGO - ROGERS PARK 60618 CHICAGO - AVONDALE/NORTH CENTER 60660 CHICAGO - EDGEWATER 60613 CHICAGO - LAKEVIEW 60641 CHICAGO - IRVING PARK 60647 CHICAGO - LOGAN SQUARE 60625 CHICAGO - ALBANY PARK/LINCOLN SQ 60645 CHICAGO - WEST ROGERS PARK 60610 CHICAGO - OLD TOWN 60639 CHICAGO - CRAGIN 60634 CHICAGO - DUNNING 60659 CHICAGO - NORTHTOWN 60630 CHICAGO - JEFFERSON PARK 60622 CHICAGO - WICKER PARK 60607 CHICAGO - WEST LOOP 60642 CHICAGO - RIVER WEST The total population of this service area in 2018 was 1,112,049 with the median age of 33.67 years which is lower than Illinois. The average median family income was $67,741 which is similar to the state, but there are geographical inequities that exist in income. The 60614 & 60642 zip codes had the highest median income over six-figures while the lowest income was $28,785 in the 60634 zip code. The average poverty rate in this service area was 16.2% again with geographical inequities with the 60634 zip code with 36.4% in poverty while the 60614, 60657 & 60630 has less than 10% poverty. The white population was the highest race in this service area at 51%, followed by black population at 12.85 and Asian population at 9.3%. The Hispanic/Latino population is 23.6% in this service area, with the highest zip codes with this population being 60641 (54%) & 60647 (45%). AMITA HEALTH SAINTS MARY AND ELIZABETH MEDICAL CENTER (SMEMC): PRIMARY SERVICE AREA: 60647 CHICAGO - LOGAN SQUARE 60622 CHICAGO - WICKER PARK 60639 CHICAGO - CRAGIN 60651 CHICAGO - HUMBOLDT PARK 60618 CHICAGO - AVONDALE/NORTH CENTER 60641 CHICAGO - IRVING PARK 60624 CHICAGO - GARFIELD PARK 60644 CHICAGO - AUSTIN 60612 CHICAGO - MEDICAL DISTRICT 60623 CHICAGO - LAWNDALE 60634 CHICAGO - DUNNING 60608 CHICAGO - PILSEN 60642 CHICAGO - RIVER WEST 60607 CHICAGO - WEST LOOP The total population for this service area in 2018 was 721,589 with the median age of 31.9 which is lower than the Illinois median. The median family income was $57,173 which is similar to the state, but there are geographical inequities that exist. The highest median income is in the 60642 with $101,939 and the lowest in the 60624 with $22,922. The poverty rate for this service area is 23.8% again with geographical inequities. The highest poverty is in the 60624 zip code at 44.2%. The white population makes up 27.4% of the population. The black population is at 33.3% and Asian population of 4.9%. The Hispanic/Latino population is 32.9% in this area, with the 60639 (78%) and 60623 (66%) having the highest percentages.

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS. PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT. THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION. PRESENCE HEALTH HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE: -THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS. THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF. -COMMUNITY SUPPORT: DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS. -COALITION BUILDING: LEADING COMMUNITY VISIONING ACTIVITIES, INVITING COMMUNITY STAKEHOLDERS AND RESIDENTS TO HELP THE HOSPITALS IMAGINE THE HEALTHY FUTURE OF THE HOSPITAL CAMPUS AND NEIGHBORHOODS. -WORKFORCE DEVELOPMENT: PARTNERING WITH LOCAL SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES IN HEALTHCARE CAREERS AND STRENGTHEN THE SCHOOL-TO-JOB PIPELINE.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE FOR SHORT YEAR JULY 1, 2018 THROUGH JUNE 30, 2019 WAS $26,759,945 AT CHARGES, ($4,313,068 AT COST).

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Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	PRESENCE CHICAGO HOSPITALS NETWORK has a very robust financial assistance program; therefore, no estimate is made for bad debt attributable to financial assistance eligible patients.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THEBADDEBT(IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	PRESENCE CHICAGO HOSPITALS NETWORK FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE. A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE. ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED. PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE. ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED. COLLECTION POLICIES ARE THE SAME FOR ALL PRESENCE HEALTH HOSPITALS. PATIENTS ARE NOTIFIED OF THE FINANCIAL ASSISTANCE POLICY AT THE TIME OF REGISTRATION VIA POSTED NOTIFICATIONS AND ON EVERY ACCOUNT STATEMENT THAT IS SENT TO THEM. THIS INFORMATION IS AVAILABLE IN ALL LANGUAGES SPOKEN BY AT LEAST 1,000 HOUSEHOLDS OF LIMITED ENGLISH PROFICIENCY IN THE AREA SERVED BY THE HOSPITAL ENTITY, PER FINAL RULE 501 (R) GIUDELINES. PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE. PER THE PROVISION FOR FINANCIAL ASSISTANCE POLICY, THE COLLECTION PROCESS IS AS FOLLOWS: 1. PRE-LITIGATION REVIEW: PRIOR TO AN ACCOUNT BEING AUTHORIZED FOR THE FILING OF SUIT FOR NON-PAYMENT OF A PATIENT BILL, A FINAL REVIEW OF THE ACCOUNT WILL BE CONDUCTED AND APPROVED BY THE FINANCIAL COUNSELING REPRESENTATIVE (OR DESIGNEE) TO MAKE SURE THAT NO APPLICATION OF FINANCIAL ASSISTANCE WAS EVER RECEIVED AND THAT THERE EXISTS OBJECTIVE EVIDENCE THAT THE PATIENT DOES HAVE SUFFICIENT FINANCIAL MEANS TO PAY ALL OR PART OF HIS/HER BILL. PRIOR TO A COLLECTIONS SUIT BEING FILED, THE SELF-PAY COLLECTIONS DIRECTOR MUST REVIEW AND APPROVE. 2. RESIDENTIAL LIENS: NO HOSPITAL WILL PLACE A LIEN ON THE PRIMARY RESIDENCE OF A PATIENT WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE, FOR PAYMENT OF THE PATIENT'S UNDISCOUNTED BALANCE DUE. FURTHER, IN NO CASE WILL ANY HOSPITAL EXECUTE A LIEN BY FORCING THE SALE OR FORECLOSURE OF THE PRIMARY RESIDENCE OF ANY PATIENT TO PAY FOR ANY OUTSTANDING MEDICAL BILL. 3. NO USE OF BODY ATTACHMENTS: NO HOSPITAL WILL USE BODY ATTACHMENT TO REQUIRE ANY PERSON, WHETHER RECEIVING FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS OR NOT, TO APPEAR IN COURT. 4. COLLECTION AGENCY REFERRALS: EACH HOSPITAL FINANCE ACCOUNTING WILL ENSURE THAT ALL COLLECTION AGENCIES USED TO COLLECT PATIENT BILLS PROMPTLY REFER ANY PATIENT WHO INDICATES FINANCIAL NEED, OR OTHERWISE APPEARS TO QUALIFY FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, TO A FINANCIAL COUNSELOR TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR SUCH A CHARITABLE DISCOUNT. IN CASES WHERE A PATIENT HAS BEEN BILLED BUT IS LATER DETERMINED TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY WITHIN THE APPLICATION PERIOD, THE CHARGE IS REVERSED AND THE APPROPRIATE AMOUNT APPLIED TO CHARITY, AND THE PATIENT IS PROVIDED A REFUND IF THE FINAL PATIENT RESPONSIBILITY IS LESS THAN THE PATIENT ALREADY PAID. FOR MORE INFORMATION ABOUT PRESENCE HEALTH'S FINANCIAL ASSISTANCE PROGRAM, VISIT https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16a URL: https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16b URL: https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16c URL: https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/;

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	PRESENCE CHICAGO HOSPITALS NETWORK JOINS FORCES WITH LOCAL COMMUNITY ORGANIZATIONS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY. COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) ARE COMPLETED FOR THE INDIVIDUAL COUNTIES WE SERVE WITH COMMUNITY PARTNERS EVERY 3 YEARS AS REQUIRED. TO SUPPLEMENT THE CHNA, PRESENCE HOSPITALS ALSO REVIEW AND ANALYZE INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION ON AN ANNUAL BASIS TO UNCOVER ANY NEW COMMUNITY HEALTH TRENDS. THE COOK COUNTY HOSPITALS IN PRESENCE HEALTH SOURCED DATA ABOUT THEIR COMMUNITIES FROM PUBLICLY AVAILABLE SOURCES, SUCH AS THE US CENSUS BUREAU'S AMERICAN COMMUNITY SURVEY. IN ADDITION TO ASSESSING THE HEALTH NEEDS, PRESENCE HOSPITAL MINISTRIES ALSO COMPLETE MEDICAL STAFF DEVELOPMENT PLANS. THE PLANS ARE CONDUCTED BY EXTERNAL CONSULTANTS, WHO PROVIDE AN INDEPENDENT ASSESSMENT OF THE NEED FOR PHYSICIANS BY SPECIALTY WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA AS DEFINED BY STARK REGULATIONS. IDENTIFYING COMMUNITY NEEDS IS JUST ONE STEP IN THE CHNA PROCESS. THE MOST CRITICAL STEP IS PRIORITIZING AND ALIGNING EXPERTISE TO MAKE AN IMPACT ON THE IDENTIFIED NEEDS. TO FACILITATE THIS PROCESS, THE BOARD OF DIRECTORS OF EACH HOSPITAL MINISTRY HAS APPOINTED A COMMUNITY LEADERSHIP BOARD THAT IS ULTIMATELY RESPONSIBLE FOR THE OVERSIGHT AND DIRECTION OF THE COMMUNITY BENEFIT INITIATIVES. ON A TRIENNIAL BASIS THIS ADVISORY BOARD, WHICH IS MADE UP OF COMMUNITY MEMBERS, APPROVES THE HOSPITAL'S IMPLEMENTATION STRATEGY PURSUANT TO AUTHORITY DELEGATED BY THE HOSPITAL MINISTRY'S BOARD OF DIRECTORS. THIS PLAN IDENTIFIES THE PRIORITIES AND ACTIONS THAT WILL TAKE PLACE TO TRANSFORM COMMUNITY HEALTH.

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	PRESENCE CHICAGO HOSPITALS NETWORK IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTHCARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HEALTH SYSTEM, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY. STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, PRESENCE HEALTH'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES; PRESENCE HEALTH HOSPITALS PROVIDE FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 600% OF THE FEDERAL POVERTY LEVEL. PRESENCE HEALTH HOSPITALS WIDELY PUBLICIZE THEIR: - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - BILLING AND COLLECTIONS POLICY - AMOUNT GENERALLY BILLED (AGB) CALCULATION - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY VIA THE HOSPITAL FACILITY'S WEBSITE - https://www.amitahealth.org/patient-resources/pay-your-bill/price-estimates/financial-assistance-documents PRESENCE CHICAGO HOSPITALS NETWORK MAKES PAPER COPIES OF THE: - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - BILLING AND COLLECTIONS POLICY - AMOUNT GENERALLY BILLED CALCULATION - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY. THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES. UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL AND BY EMAIL. PRESENCE CHICAGO HOSPITALS NETWORK INFORMS THEIR PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND AND VERBALLY AND PATIENT REGISTRATION ENCOUNTERS. PRESENCE CHICAGO HOSPITALS NETWORK INFORMS THEIR PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	PRESENCE CHICAGO HOSPITALS NETWORK HAS IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE CARE HOSPITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GE OGRAPHIC LOCATION AND MARKET SHARE CRITERIA. THE TOTAL SERVICE AREA OF EACH MINISTRY REPRE SENTS APPROXIMATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY. THE P RIMARY SERVICE AREA (THE "PRIMARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES AND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 15 TO 25% OF SUCH DISCHARGES. THE PRIMARY SERV ICE AREAS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN A NALYSIS TO IDENTIFY THOSE ZIP CODES THAT REPRESENT INPATIENT DISCHARGES. THESE ZIP CODES A RE THEN MAPPED TO IDENTIFY GEOGRAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS. ALL OF THE REPORTING HOSPITALS RESIDE WITHIN COOK COUNTY INCLUDING THOSE HO SPITALS AT THAT ARE IN THE CITY OF CHICAGO. Age and gender U.S. Census Bureau population e stimates for 2017 indicate that approximately 22% of the population in Cook County is unde r 18 years old and 14% is age 65 or older (U.S. Census Bureau, 2017). The percentage of in dividuals identifying as male or female in Cook County is approximately equal (U.S. Census Bureau, 2017). Data for the transgender and gender non-conforming populations in Cook Cou nty is limited. Based on preliminary analyses of Healthy Chicago Survey data, the Chicago Department of Public Health estimates that 10,500 adults living in Chicago identify as tra nsgender or gender non-conforming. Race and ethnicity In 2017, the U.S. Census Bureau esti mated that 42% of the population in Cook County identified as non Hispanic white, 24% iden tified as non-Hispanic African American/black, 8% identified as non-Hispanic Asian, 2% ide ntified as two or more races, and 26% identified as Hispanic/Latino (U.S. Census Bureau, 2 017). Immigration An estimated 21% of Chicago residents and 20% of Suburban Cook County re sidents are foreign-born (U.S. Census Bureau, American Community Survey, 2012-2016). In 20 16, 1.6 million Illinois residents were native born Americans who had at least one immigra nt parent (American Immigration Council, 2017). In 2015, the top countries of origin for f oreign-born individuals living in Illinois were Mexico (38.2% of immigrants), India (8.1%) , Poland (7%), the Philippines (5%), and China (4.3%) (American Immigration Council, 2017) . Population density The most densely populated communities are on the North, West, Southw est, and Southeast Sides of Chicago and West suburban communities directly adjacent to the city (Cicero, Berwyn, Oak Park, and Elmwood Park). Population shifts Since 2000, Cook Cou nty as a whole has continued to experience a loss in population. However, the majority of population loss occurred in Chicago, while suburban Cook County's population has grown by almost one percent. While growth has been modest, the racial and ethnic make-up of Cook Co unty has changed drastically. Overall, there has been a 10% decrease in the white populati on of Cook County. However, the population loss is not consistent across the area. Suburba n Cook County had more than double the decrease in non-Hispanic white populations (14%) co mpared to Chicago (6%). Between 2000 and 2010, the African American/black population in Ch icago has decreased by over 15% and increased 18% in Suburban Cook County. Along with most of the nation, Cook County experienced an increase in the Hispanic/Latino populations bet ween 2000 and 2010. However, the increase was greatest in Suburban Cook County (47%). Othe r demographic shifts are not only increasing the size of priority populations in Suburban Cook County, but also shifting the distribution of the social determinants of health geogr aphically. For example, poverty is increasing in the suburbs and decreasing in Chicago. Wh ile Chicago saw very little change in poverty and even experienced a 3% decrease in child poverty, Suburban Cook County saw dramatic rises in its poverty levels with child poverty increasing by over 75% between 2000 and 2010. Additional priority populations In addition to marginalized racial and ethnic groups, the following priority populations have been ide ntified in Cook County including: homeless individuals and families; justice-involved yout h and adults; people living with mental health conditions and/or substance use disorders; Alliance for Health Equity/13; people living with disabilities; older adults; immigrants a nd refugees; LGBTQ+; unemployed and underemployed; uninsured; veterans and former military ; and children, adolescents, and young adults. Poverty Overall, the percentage of individu als living in poverty in Chicago and Suburban Cook County (16%) is higher than the state (14%) and national averages (15%). However, people of color experience higher rates of pove rty than non-Hispanic whites. African Americans ex

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	perience the highest rate with nearly a third of the population living in poverty. In addi tion, African Americans and Hispanic/Latinos have the lowest median household incomes. The re are inequities in the geographic distribution of poverty as well. Communities with the highest poverty rates are primarily concentrated in the West and South regions of the city and county. AMITA Health Holy Family Medical Center (HFMC): AMITA Health Holy Family Medi cal Center SERVICE AREA INCLUDES THE ZIP CODES 60016 AND 60018, WHICH CORRESPOND TO THE CO MMUNITIES OF DES PLAINES CITY AND UNINCORPORATED MAINE TOWNSHIP. THE TOTAL POPULATION OF Z IP CODES 60016 AND 60018 IN 2018 WAS 90,023, MAKING UP THE SERVICE AREA OF HFMC. COMBINED MEDIAN AGE FOR THIS POPULATION IS 40 YEARS WHICH IS SIMILAR TO THE ILLINOIS. THE RACIAL AN D ETHNICITY STATISTICS INCLUDE 53% WHITE FOLLOWED BY 17.5% ASIAN WITH 24.5% HISPANIC/LATIN O ETHNICITY. THE MEDIAN HOUSEHOLD INCOME IS $62,597, WHICH IS LOWER THAN THE STATE MEDIAN. POVERTY IN THIS AREA IS 11.5%. AMITA Health Holy Family Medical Center (HFMC) IS A LONG-T ERM ACUTE CARE HOSPITAL, SERVING A SPECIALTY POPULATION OF MEDICALLY-COMPLEX PATIENTS. HFM C SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY ILL WITH COMPLEX CONDITION S AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD. IT IS THE ONLY SUCH HOSPITAL IN NORTHWE ST CHICAGOLAND. AMITA Health Resurrection Medical Center (RMC): PRIMARY SERVICE AREA: 6063 1 CHICAGO - NORWOOD PARK 60634 CHICAGO - DUNNING 60706 HARWOOD HEIGHTS/NORRIDGE 60656 CHIC AGO - ORIOLE PARK/ O'HARE 60630 CHICAGO - JEFFERSON PARK 60068 PARK RIDGE 60714 NILES 6064 6 CHICAGO - EDGEBROOK 60641 CHICAGO - IRVING PARK 60016 DES PLAINES According to the Unite d Stated Census Bureau for 2017, the total population of AMITA Health Resurrection Medical Center's CHNA communities is 519,927. According to the United States Census Bureau for 20 17, the percentage of White population remains over 80% in Edison Park/Norwood Park (60631), Dunning (60634), Forest Glen (60646), Oriole Park/O'Hare (60656), Harwood Heights (6070 6), Norridge (60706), and Park Ridge (60068). The greatest proportion of Hispanic resident s is in Irving Park/Portage Park (60641), Elmwood Park (60707), Belmont-Cragin/Dunning/Mon tclare (60634), Rosemont (60018) and Schiller Park (60176). In Des Plaines (60016), 23.8% of the residents identified as Asian, 17.7% in Niles (60714) and 12% in Jefferson Park (60 630). The poverty rate for this primary service area is 8.3%. The median family income is $43,987 which is lower than the state, but there are geographical inequities in income. Th e median age is 42, which is slightly higher than the state median. AMITA Health Saint Fra ncis Hospital (SFH): PRIMARY SERVICE AREA: 60626 CHICAGO - ROGERS PARK 60645 CHICAGO - WES T ROGERS PARK 60202 EVANSTON 60660 CHICAGO - EDGEWATER 60076 SKOKIE 60201 EVANSTON 60659 C HICAGO - NORTHTOWN 60077 SKOKIE 60712 LINCOLNWOOD 60203 EVANSTON THE TOTAL POPULATION IN T HIS SERVICE AREA IN 2018 IS 333,852 WITH AN AVERAGE MEDIAN AGE OF 38.8, WHICH IS SIMILAR T O THE STATE OF ILLINOIS. THE AVERAGE FAMILY INCOME IS $70,601 WHICH IS ALSO SIMILAR TO THE STATE, BUT THERE ARE GEOGRAPHICAL INEQUITIES IN INCOME IN THIS AREA. SIMILARLY, THE POVER TY RATE IS 13.75% BUT THERE ARE ALSO GEOGRAPHICAL INEQUITIES WITH SOME ZIP CODES VERY LOW (60203 WITH 1.3%) AND VERY HIGH (60626 WITH 24.8%). FIFTY-ONE PERCENT OF THE POPULATION IN THIS SERVICE AREA IS WHITE, FOLLOWED BY ASIAN AT 16.9% WITH 13.3% HISPANIC OR LATINO.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	PRESENCE CHICAGO HOSPITALS NETWORK CONSISTS OF FAITH-BASED MINISTRIES THAT PROVIDE SERVICES BASED UPON THE ETHICAL AND RELIGIOUS DIRECTIVES OF THE CATHOLIC CHURCH. PRESENCE HEALTH HOSPITALS ENHANCE THE PUBLIC HEALTH OF OUR COMMUNITIES BY: 1. ENSURING OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS. 2. ALL OF OUR HOSPITALS ARE ACCREDITED AND IN GOOD STANDING WITH THE JOINT COMMISSION ACCREDITATION OF HEALTHCARE ORGANIZATIONS. 3. ENSURING OUR BOARD OF DIRECTORS IS DIVERSE AND ABLE TO PROVIDE EXPERTISE, AND MADE UP OF INDEPENDENT MEMBERS OF THE COMMUNITIES WE SERVE. OUR BOARD MEMBERS MUST FOLLOW A CONFLICT OF INTEREST POLICY. 4. REINVESTING SURPLUS FUNDS INTO THE ORGANIZATION TO IMPROVE PATIENT CARE THOUGH NEW PROGRAMS AND TECHNOLOGY. 5. PROVIDING FINANCIAL ASSISTANCE, SLIDING SCALE DISCOUNTS AND HAS COLLECTION PRACTICES THAT ARE IN COMPLIANCE WITH STATE AND FEDERAL GUIDELINES. IN ADDITION, WE FOLLOW THE FINANCIAL ASSISTANCE AND CHARITY GUIDELINES OF THE CATHOLIC HEALTH ASSOCIATION. 6. PARTICIPATING IN ALL GOVERNMENT SPONSORED HEALTH CARE PROGRAMS, MEDICARE, MEDICAID, CHAMPUS, TRICARE, SCHIP AND OTHERS. 7. PROVIDING EMERGENCY ROOM SERVICES IN ALL OF OUR COMMUNITIES AND PROVIDING TRAINING TO LOCAL FIRE DEPARTMENTS AND AMBULANCES. OUR EMERGENCY ROOM PARTICIPATES WITH LOCAL POLICE AND FIRE DEPARTMENTS IN DISASTER DRILLS. 8. STAFFING BOARD CERTIFIED EMERGENCY ROOM PHYSICIANS IN OUR EMERGENCY ROOM AND URGENT CARE SERVICES. WE TREAT PATIENTS ACCORDING TO EMTALA GUIDELINES AND SERVE ALL PATIENTS REGARDLESS OF ABILITY TO PAY. IN ADDITION, WE ARE COMMITTED TO DETERMINING THE NEEDS OF OUR COMMUNITIES AND CREATING WAYS TO MEET THOSE NEEDS. THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND IMPROVE HEALTH FLOWS DIRECTLY FROM OUR CATHOLIC IDENTITY AND THE HERITAGE OF OUR FOUNDING CONGREGATIONS. IN EACH OF THE COMMUNITIES WE SERVE, WE WORK WITH OTHERS - INCLUDING CHARITABLE ORGANIZATIONS, COMMUNITY HEALTH PROVIDERS, ELECTED OFFICIALS, BUSINESS LEADERS, SCHOOLS, CHURCHES, AND RESIDENTS - TO LOOK AT THE OVERALL HEALTH OF THE COMMUNITY AND IDENTIFY THE GREATEST NEEDS. WE THEN MAKE A PLAN AND DEVELOP STRATEGIES TOGETHER WITH OUR COMMUNITIES TO ADDRESS THE HIGHEST PRIORITY HEALTH NEEDS. THE HIGHEST PRIORITY NEEDS AND THE PROGRAMS WE'VE DEVELOPED TO MEET THESE NEEDS ARE IDENTIFIED IN PART V SECTION C IN THE DESCRIPTION FOR PART V SECTION B LINE 11.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	PRESENCE CHICAGO HOSPITALS NETWORK BECAME AN AFFILIATE OF ASCENSION HEALTH AND JOINED AMITA HEALTH WHEN IT WAS ACQUIRED BY ASCENSION HEALTH ON MARCH 1, 2018. PRESENCE CHICAGO HOSPITALS NETWORK'S AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, AND HOME HEALTH,). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 OF THE STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. AMITA HEALTH (WWW.AMITAHEALTH.ORG) IS A JOINT OPERATING COMPANY FORMED BY ASCENSION HEALTH AND ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION OF WHICH ADVENTIST MIDWEST HEALTH, AND ALEXIAN BROTHERS HEALTH SYSTEM, ARE THE MEMBERS. AMITA HEALTH WELCOMED PRESENCE HEALTH TO THE ORGANIZATION IN MARCH 2018, MAKING AMITA HEALTH THE LARGEST HEALTH SYSTEM IN ILLINIOS. THROUGH ITS MEMBERS, AMITA HEALTH HAS OVER 25,000 ASSOCIATES COMMITTED TO DELIVERING THE MOST EFFICIENT, HIGHEST QUALITY, FAITH-BASED CARE AT NINETEEN ACUTE AND SPECIALTY CARE HOSPITALS AND AT MORE THAN 200 AMBULATORY/CLINIC LOCATIONS. AMITA HEALTH HAS AN EXTENSIVE PROVIDER NETWORK OF OVER 7,000 HOSPITAL-AFFILIATED PHYSICIANS, AND THE AMITA HEALTH MEDICAL GROUP CONSISTS OF OVER 800 MULTI-SPECIALTY EMPLOYED PHYSICIANS AND ASSOCIATE PRACTITIONERS, RANKING IT AMONG THE LARGEST REGIONAL MEDICAL GROUPS. AMITA HEALTH'S MISSION IS TO EXTEND THE HEALING MINISTRY OF JESUS BY RESPECTING THE FAITH TRADITIONS OF THE MANY INDIVIDUALS AND FAMILIES IT SERVES ACROSS SUBURBAN CHICAGO. WITH A SACRED MISSION OF EXTENDING THE HEALING MINISTRY OF CHRIST, ADVENTHEALTH (WWW.ADVENTHEALTH.COM) IS A CONNECTED SYSTEM OF CARE FOR EVERY STAGE OF LIFE AND HEALTH. MORE THAN 80,000 SKILLED AND COMPASSIONATE CAREGIVERS IN PHYSICIAN PRACTICES, HOSPITALS, OUTPATIENT CLINICS, SKILLED NURSING FACILITIES, HOME HEALTH AGENCIES AND HOSPICE CENTERS PROVIDE INDIVIDUALIZED, HOLISTIC CARE. A CHRISTIAN MISSION, SHARED VISION, COMMON VALUES, FOCUS ON WHOLE-PERSON HEALTH AND COMMITMENT TO MAKING COMMUNITIES HEALTHIER UNIFY THE SYSTEM'S 45 HOSPITAL CAMPUSES AND HUNDREDS OF CARE SITES IN DIVERSE MARKETS THROUGHOUT NINE STATES. THE COVERED AFFILIATES WITHIN AMITA HEALTH PROVIDE THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTHCARE SERVICES AND ACCESS TO THE MOST ADVANCED MEDICAL TECHNOLOGY. THEIR HEALTHCARE PROFESSIONALS ARE PASSIONATE ABOUT DELIVERING EXCEPTIONAL HEALTHCARE AND ARE PROUD OF THE POWERFUL, CUTTING-EDGE TECHNOLOGY OFFERED BY THE SYSTEM. THE COVERED AFFILIATES WITHIN AMITA HEALTH ALSO OFFER A WIDE RANGE OF COMMUNITY HEALTH SERVICES, CORPORATE WELLNESS PROGRAMS, PREVENTIVE CARE AND EDUCATION. AS CHARITABLE ORGANIZATIONS, THEY RECOGNIZE THAT NOT EVERYONE CAN AFFORD ESSENTIAL MEDICAL SERVICES AND THAT THEIR MISSION IS TO SERVE THE COMMUNITY BY PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION. THEREFORE, IN KEEPING WITH AMITA HEALTH'S COMMITMENT TO SERVING ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE TO PERSONS COVERED BY GOVERNMENT PROGRAMS AT OR BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY ARE CONSIDERED AND PROVIDED WHEN APPROPRIATE. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY AND MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, EDUCATIONAL AFFILIATIONS, HEALTH SCREENINGS, COUNSELING PROGRAMS, CONTINUING MEDICAL EDUCATION (CME) PROGRAMS AND DONATIONS TO COMMUNITY GROUPS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **6** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	AMITA HEALTH SAINT JOSEPH HOSPITAL 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/ 0005983	X	X		X			X			A
2	AMITA HEALTH RESURRECTION MEDICAL CENTER 7435 W TALCOTT AVENUE CHICAGO, IL 60631 https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago 0006031	X	X		X			X			A
3	AMITA HEALTH SAINT FRANCIS HOSPITAL 355 RIDGE AVENUE EVANSTON, IL 60202 https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/ 0005991	X	X		X			X		LEVEL I TRAUMA CNTR	A
4	AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL 2233 W DIVISION ST CHICAGO, IL 60622 https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c 000607	X	X		X			X			A
5	AMITA HEALTH SAINT ELIZABETH HOSPITAL 1431 N CLAREMONT CHICAGO, IL 60622 https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c 0006015	X	X		X			X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **6** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	AMITA HEALTH HOLY FAMILY MEDICAL CENTER 100 NORTH RIVER ROAD DES PLAINES, IL 60016 https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plai 0006023	X								LT ACUTE CARE HOSPITAL	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. FOR THE TAX YEAR 2018 CHNA AMITA Healt h Saint Joseph Hospital Chicago and members of the Alliance for Health Equity, a collabora tive of over 30 hospitals, 6 health departments, and 100 community partners, worked togeth er over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Ne eds Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups o f community residents and stakeholders for surveys and focus groups as well as gathered ro bust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resid ent focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the f ollowing sources: Peer-reviewed literature and white papers; Existing assessments and plan s focused on key topic areas; Localized data compiled by several agencies including Chicag o Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housin g Authority of Cook County, and state and local police departments; Localized data compile d by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provid ed by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Commun ities Institute; Data compiled by state agencies including Illinois Environmental Protecti on Agency, Illinois Department of Healthcare and Family Services, Illinois Department of H uman Services, Illinois State Board of Education, and Illinois Department of Public Health ; Data from federal sources including U.S. Census Bureau American Community Survey data co mpiled by Chicago Department of Public Health and Cook County Department of Health; Center s for Disease Control and Prevention; Centers for Medicare and Medicaid Services data acce ssed through the Dartmouth Atlas of Health Care; Health Resources and Services Administrat ion; and United States Department of Agriculture. Partners form the Saint Joseph Hospital Chicago service area that provided input and engaged underserved, low-income or minority p opulations include: AIDS Foundation of Chicago American Cancer Society Anshe Amet Synagogu e Asian Human Services Avondale Neighborhood Association CJE Senior Life Catholic Charitie s Chicago Hispanic Health Coalition Chicago Public Schools Common Pantry DePaul University Gilda's Club - Chicago Healthy Schools Campaign Lakeview Chamber of Commerce Lakeview Eas t Chamber of Commerce Lakeview Pantry Lincoln Park Chamber of Commerce Northside Latin Pro gress Our Lady of Mount Carmel

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Academy Saint Benedict Parish Southeast Chamber of Commerce The Night Ministry Thresholds Unite Here Health

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	Facility A, 2 - AMITA HEALTH RESURRECTION MEDICAL CENTER. FOR THE TAX YEAR 2018 CHNA AMITA Health Resurrection Medical Center and members of the Alliance for Health Equity, a colla borative of over 30 hospitals, 6 health departments, and 100 community partners, worked to gether over the 12 months (March 2018-March 2019) to build a comprehensive Community Healt h Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action thro ugh Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse grou ps of community residents and stakeholders for surveys and focus groups as well as gathere d robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community r esident focus groups and learning map sessions; health care and social service provider fo cus groups; and two stakeholder assessments led by partner health departments-Forces of Ch ange Assessment and Health Equity Capacity Assessment. Secondary data was collected from t he following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Ch icago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Ho using Authority of Cook County, and state and local police departments; Localized data com piled by community-based organizations including Greater Chicago Food Depository and Voice s of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) pr ovided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Co mmunities Institute; Data compiled by state agencies including Illinois Environmental Prot ection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public He alth; Data from federal sources including U.S. Census Bureau American Community Survey dat a compiled by Chicago Department of Public Health and Cook County Department of Health; Ce nters for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of Health Care; Health Resources and Services Adminis tration; and United States Department of Agriculture. Partners form the Resurrection Medic al Center service area that provided input and engaged underserved, low-income or minority populations include: A-Abiding Care Northside Learning Center (CPS High School) Advocate Lutheran General Hospital Norwood Crossing Alderman Anthony Napolitano Norwood Life Societ y American Cancer Society Norwood Senior Center American Heart Association Norwood Park Ch amber of Commerce American Medical Association Norwood Park Fire Department Ascension Livi ng - Presence Resurrection Nursing & Rehabilitation Center Oak Street Health Ascension Liv ing - Presence Resurrection Re

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	tirement Community Our Lady, Mother of the Church Aunt Bertha Park Ridge Fire Department B oy Scout Troop 626 Rainbow Hospice and Palliative Care Catholic Charities Representative M ichael McAuliffe The Center of Concern Resurrection College Prep Chicago Fire Department R osemont Park District Chicago Police Department - 16th District Rosemont Public Safety Com missioner Peter Silvestri Salvation Army Edison Park Chamber of Commerce State Senator Joh n Mulroe Frisbie Senior Center Schiller Park Fire Department Greater Chicago Food Deposito ry School District 207 Irving Park Food Pantry St. Cornelius Parish Mary, Seat of Wisdom P arish St. Juliana Parish Maine Community Youth Assistance Foundation (MCYAF) St. Maria Gor etti Parish New Hope Community Food Pantry St. Thomas Orthodox Church, Chicago Niles Famil y Services Union Ridge Elementary School District #86 Niles Fire Department State Senator John Mulroe

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	Facility A, 3 - AMITA HEALTH SAINT FRANCIS HOSPITAL. FOR THE TAX YEAR 2018 CHNA AMITA Heal th Saint Francis Hospital and members of the Alliance for Health Equity, a collaborative o f over 30 hospitals, 6 health departments, and 100 community partners, worked together ove r the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs As sessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planni ng and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of comm unity residents and stakeholders for surveys and focus groups as well as gathered robust d ata from various perspectives about health status and health behaviors. Primary data for t he CHNA was collected through four methods: community input surveys; community resident fo cus groups and learning map sessions; health care and social service provider focus groups ; and two stakeholder assessments led by partner health departments-Forces of Change Asses sment and Health Equity Capacity Assessment. Secondary data was collected from the followi ng sources: Peer-reviewed literature and white papers; Existing assessments and plans focu sed on key topic areas; Localized data compiled by several agencies including Chicago Depa rtment of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Auth ority of Cook County, and state and local police departments; Localized data compiled by c ommunity-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Age ncy, Illinois Department of Healthcare and Family Services, Illinois Department of Human S ervices, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed t hrough the Dartmouth Atlas of Health Care; Health Resources and Services Administration; a nd United States Department of Agriculture. Partners form the Saint Francis Hospital servi ce area that provided input and engaged underserved, low-income or minority populations in clude: CPS Career and Technical Education Program CPS-Sullivan High School Michael Reese H ealth Trust Between Friends Rogers Park Business Alliance Loyola University Catholic Paris hes Family Focus of Evanston Cradle to Career Seventh Day Adventist of Evanston Bethel Afr ican Methodist Episcopal Church Calm Classrooms Mental Health America Northshore Northwest ern University Saint Nicholas Church Mobile Care Foundation Peer Services Asian Human Serv ices Evanston Public Library N

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	aomi Ruth Cohen Institute for Mental Health City of Evanston-Department of Health & Human Services

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 4	Facility A, 4 - AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL. FOR THE TAX YEAR 2018 CHNA A MITA Health Saints Mary and Elizabeth Medical Center and members of the Alliance for Healt h Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community pa rtners, worked together over the 12 months (March 2018-March 2019) to build a comprehensiv e Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizin g for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance eng aged diverse groups of community residents and stakeholders for surveys and focus groups a s well as gathered robust data from various perspectives about health status and health be haviors. Primary data for the CHNA was collected through four methods: community input sur veys; community resident focus groups and learning map sessions; health care and social se rvice provider focus groups; and two stakeholder assessments led by partner health departm ents-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agen cies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; L ocalized data compiled by community-based organizations including Greater Chicago Food Dep ository and Voices of Child Health in Chicago; Hospitalization and emergency department ra tes (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Co nduent Healthy Communities Institute; Data compiled by state agencies including Illinois E nvironmental Protection Agency, Illinois Department of Healthcare and Family Services, Ill inois Department of Human Services, Illinois State Board of Education, and Illinois Depart ment of Public Health; Data from federal sources including U.S. Census Bureau American Com munity Survey data compiled by Chicago Department of Public Health and Cook County Departm ent of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medica id Services data accessed through the Dartmouth Atlas of Health Care; Health Resources and Services Administration; and United States Department of Agriculture. Partners form the S aints Mary and Elizabeth Medical Center service area that provided input and engaged under served, low-income or minority populations include: AIDS Foundation of Chicago American Ca ncer Society Anshe Amet Synagogue Catholic Charities El Rincon Asian Human Services HAS NA MI West Town Bikes Cristo Rey Roberto Clemente Academy La Casa Norte Bickerdike Redevelopm ent Corporation Catholic Charities Greater Humboldt Park Diabetes Puerto Rican Cultural Ce nter Empowerment Center Chicago White Sox Community Fund Elevate Prime Care Susan G. Komen Josephinum Academy McCormick

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 4	Tribune YWCA Erie Family Health Centers

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 5	Facility A, 5 - AMITA HEALTH SAINT ELIZABETH HOSPITAL. FOR THE TAX YEAR 2018 CHNA AMITA He alth Saints Mary and Elizabeth Medical Center and members of the Alliance for Health Equit y, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Commu nity Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for A ction through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged di verse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors . Primary data for the CHNA was collected through four methods: community input surveys; c ommunity resident focus groups and learning map sessions; health care and social service p rovider focus groups; and two stakeholder assessments led by partner health departments-Fo rces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collec ted from the following sources: Peer-reviewed literature and white papers; Existing assess ments and plans focused on key topic areas; Localized data compiled by several agencies in cluding Chicago Department of Planning and Development, Chicago Metropolitan Agency for Pl anning, Housing Authority of Cook County, and state and local police departments; Localize d data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (CO MPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environm ental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois D epartment of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Serv ices data accessed through the Dartmouth Atlas of Health Care; Health Resources and Servic es Administration; and United States Department of Agriculture. Partners form the Saints M ary and Elizabeth Medical Center service area that provided input and engaged underserved, low-income or minority populations include: AIDS Foundation of Chicago American Cancer So ciety Anshe Amet Synagogue Catholic Charities El Rincon Asian Human Services HAS NAMI West Town Bikes Cristo Rey Roberto Clemente Academy La Casa Norte Bickerdike Redevelopment Cor poration Catholic Charities Greater Humboldt Park Diabetes Puerto Rican Cultural Center Em powerment Center Chicago White Sox Community Fund Elevate Prime Care Susan G. Komen Joseph inum Academy McCormick Tribune

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 5	YWCA Erie Family Health Centers

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 6	Facility A, 6 - AMITA HEALTH HOLY FAMILY MEDICAL CENTER. FOR THE TAX YEAR 2018 CHNA AMITA Health Holy Family Medical Center and members of the Alliance for Health Equity, a collabo rative of over 30 hospitals, 6 health departments, and 100 community partners, worked toge ther over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action throug h Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary da ta for the CHNA was collected through four methods: community input surveys; community res ident focus groups and learning map sessions; health care and social service provider focu s groups; and two stakeholder assessments led by partner health departments-Forces of Chan ge Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and pl ans focused on key topic areas; Localized data compiled by several agencies including Chic ago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Hous ing Authority of Cook County, and state and local police departments; Localized data compi led by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) prov ided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Comm unities Institute; Data compiled by state agencies including Illinois Environmental Protec tion Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Heal th; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Cent ers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data ac cessed through the Dartmouth Atlas of Health Care; Health Resources and Services Administr ation; and United States Department of Agriculture. Partners form the Holy Family Medical Center service area that provided input and engaged underserved, low-income or minority po pulations include: Abbott Molecular Diagnostics Access Community Health Genesis Center Acc ess to Care Advocate Lutheran General Hospital Bessie's Table/First United Methodist Churc h Bethesda Worship Center Catholic Charities City of Des Plaines City Hall and City Servic es Congressman Bob Dold Congresswoman Jan Schakowsky Daily Herald Des Plaines Community Fo undation Des Plaines Health and Human Services Des Plaines American Legion Post 36 Des Pla ines Chamber of Commerce Des P

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 6	laines Elks Lodge #5126 Des Plaines Fire Department Des Plaines History Center Des Plaines Park District Des Plaines Police Department Des Plaines Public Library Des Plaines Rotary Club DUI Services/Counseling Center Feldco Windows, Siding & Doors Frisbie Senior Center Kiwanis Club of Des Plaines Generations Health Care Network Goodwill Store & Donation Cent er Hart Schaffner & Marx Journal & Topics Newspaper Justrite Manufacturing Company Keys to Recovery Treatment Center Lattof YMCA LSG Sky Chefs Maine Community Youth Assistance Foun dation (MCYAF) Maine Township City Offices MaineStay Youth and Family Services Maryville A cademy Maryville Family Behavioral Health Clinic Mayor Matthew J. Bogusz McDonalds #1 Stor e Museum Metra Train Northshore University Medical Group Oakton Community College PACE Bus Rainbow Hospice Rivers Casino Salvation Army School District 207 School District 62 Scien ce & Arts Academy Self-Help Closet and Food Pantry Senator Laura Murphy St. Zachary Cathol ic Church State Representative Martin Moylan The Center of Concern U.S. Post Office - Lee Street U.S. Post Office - Oakton Street

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - FACILITY REPORTING GROUP A. For the Tax Year 2018 collaborative Cook County CHNA, hospital and health system partners included: Nonprofit Hospital Members: Advocate Aurora Children's Hospital, Loyola Medicine- Loyola University Medical Center, Advocate Aurora Christ Medical Center, Loyola Medicine- MacNeal Hospital, Advocate Aurora Illinois Masonic Medical Center, Mercy Hospital & Medical Center, Advocate Aurora Lutheran General Hospital, Northwestern Memorial Hospital, Advocate Aurora South Suburban Hospital, Norwegian American Hospital, Advocate Aurora Trinity Hospital, Palos Community Hospital, AMITA Adventist Medical Center La Grange, Roseland Community Hospital, AMITA Alexian Brothers Medical Center, Rush Oak Park, Rush University Medical Center, Sinai Health System-Holy Cross Hospital, AMITA St. Alexius Medical Center and Alexian Brothers Behavioral Health Hospital, Sinai Health System- Mount Sinai Hospital, Sinai Health System- Schwab Rehabilitation Hospital, South Shore Hospital, Swedish Covenant Hospital, Ann & Robert H. Lurie Children's Hospital of Chicago, University of Chicago Medicine, The Loretto Hospital, University of Chicago Medicine-Ingalls Memorial Hospital, Loyola Medicine- Gottlieb Memorial Hospital Public Hospital Partners: Cook County Health-Stroger Hospital, Cook County Health- Provident Hospital, University of Illinois Hospital and Health Sciences System

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - FACILITY REPORTING GROUP A. For the Tax Year 2018 collaborative Cook County CHNA, collaborating health departments were: Chicago Department of Public Health, Evanston Health and Human Services Department, Cook County Department of Public Health, Village of Skokie Health Department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - facility reporting group a. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. Together, AMITA Health Saint Joseph Ho spital Chicago and its collaborative partners and stakeholders have identified the followi ng prioritized health needs in our community on the Tax Year 2018 Community Health Needs A ssessment: Social and Structural Determinants of Health, including policies that advance e quity and promote physical and mental well-being, and conditions that support healthy eati ng and active living. Access to Care, Community Resources, and Systems Improvements, consi sting of timely linkage to appropriate care, and resources, referrals, coordination, and c onnection to community-based services. Mental Health and Substance Use Disorders, especial ly reducing stigma, increasing the reach and coordination of behavioral health services, a nd addressing the opioid epidemic. Chronic Condition Prevention and Management, focusing e specially on metabolic diseases such as diabetes, heart disease, and hypertension, and on asthma, cancer, and complex chronic conditions. Summary of Implementation Strategy Social and Structural Determinants of Health Strategy: Common Pantry Financial Counselor: Provide an embedded counselor to help Common Pantry clients link to health care services as well as other social services using the Aunt Bertha platform. Resources & Collaboration: Common Pantry; Laboure Clinic; Greater Chicago Food Depository; AMITA Financial Counselor Antici pated Impact: Increase the number of direct referrals between patients and community organ izations to reduce patient/community social determinants of health. Access to Care Communi ty Resources and Systems Improvements Strategy: Aunt Bertha (Search & Connect): Through th is public directory providers, staff, the public and community partners are able to search a vetted and updated directory of social services on our website, connecting to (i.e. foo d, housing, transportation, health, etc.). This directory provides a need based customized list of services for patients and provide the hospitals with various reports related to t he needs. Additionally, the tool helps to address the social and structural determinants o f health such as poverty, access to community resources, education and housing that are un derlying root causes of health inequities. Resources & Collaboration: AMITA Health Communi ty Resource Directory; Aunt Bertha, Community Based Organization, Faith Based Organization s, Front Line Associates Anticipated Impact: Increase the number of direct referrals betwe en patients and community organizations to reduce patient/community social determinants of health. Mental Health and Substance Use Disorders Strategy: Mental Health First Aid: In r esponse to a demonstrated system and state-wide need of addressing barriers to accessing a nd utilizing mental health services, AMITA Health Saint Joseph Hospital Chicago and its co mmunity partners implemented an evidence-based program, Mental Health First Aid (MHFA), to reduce the stigma associated

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	with mental illness and improve the coordination of mental health care. MHFA trains commun ity residents and first responders to recognize, respond, and seek assistance for signs of mental illness and substance abuse. Resources & Collaboration: AmeriCorps, Community-base d organizations (CBOs), Faith-based organizations (FBOs), First responders/law enforcement , Mental Health First Aid USA, Trilogy Anticipated Impact: A reduction in self-reported po or mental health days as a result of greater identification of those in need of help. Chro nic Condition Prevention and Management Strategy: Diabetic Programs (Self-Management & Pre vention): In response to continued need to reduce the number of individuals with Type II d iabetes as well as to lower the hospitalization rate of those diagnosed with Type II diabe tes, AMITA Health is committed to providing additional programming for diabetic programmin g in the community. Resources & Collaboration: Community-based organi zations (CBOs), Fait h-based organizations (FBOs), TouchPoint, YMCAs Anticipated Impact: Decrease prevalence of type 2 diabetes; decrease those with unmanaged diabetes. Needs That Will Not Be Addressed AMITA Health Saint Joseph Hospital Chicago will not directly address the following focus areas/priorities identified in the tax year 2018 CHNA: - Economic Vitality and Workforce D evelopment - Education and Youth Development - Housing, Transportation, and Neighborhood E nvironment - Violence and Community Safety, Injury, including Violence-related injury - Tr auma-Informed Care - Maternal and Child Health While critically important to overall commu nity health, these specific priorities did not meet internally determined criteria that pr ioritized addressing needs by either continuing or expanding current programs, services, a nd initiatives to steward resources and achieve the greatest community impact. For these a reas not chosen, there are service providers in the community better resourced to address these priorities. AMITA Health will work collaboratively with and support these organizati ons as appropriate to ensure service coordination and utilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - AMITA HEALTH RESURRECTION MEDICAL CENTER. Together, AMITA Health Resurrect ion Medical Center and its collaborative partners and stakeholders have identified the fol lowing prioritized health needs in our community on the tax year 2018 Community Health Nee ds Assessment: Social and Structural Determinants of Health, including policies that advan ce equity and promote physical and mental well-being, and conditions that support healthy eating and active living. Access to Care, Community Resources, and Systems Improvements, c onsisting of timely linkage to appropriate care, and resources, referrals, coordination, a nd connection to community-based services. Mental Health and Substance Use Disorders, espe cially reducing stigma, increasing the reach and coordination of behavioral health service s, and addressing the opioid epidemic. Chronic Condition Prevention and Management, focusi ng especially on metabolic diseases such as diabetes, heart disease, and hypertension, and on asthma, cancer, and complex chronic conditions. Summary of Implementation Strategy Soc ial and Structural Determinants of Health Strategy #1: Community Garden: The development o f a community garden on the hospital campus to assist in the provision of additional fresh vegetables to at-risk communities. Resources & Collaboration: Boy Scouts of America, RMC Community Leader Board (CLB), New Hope House Northwest, aka New Hope Community Food Pantry , Unforgettable Edibles Anticipated Impact: Increase availability and access to fresh vege tables for those in need through our Community Garden. Strategy #2: Summer Meals & Backpac k Program: Improve access to healthy meals for children by providing the Kids Summer Meals Program. Increase access for needy families to nutritious and easy-to-prepare food for th e weekend with the weekend backpack food rescue program. Resources & Collaboration: Greate r Chicago Food Depository (GCFD), New Hope House Northwest, aka New Hope Community Food Pa ntry, Union Ridge School Anticipated Impact: To reduce the number of children food insecur e in the hospital's service area. Access to Care Community Resources and Systems Improveme nts Strategy: Aunt Bertha (Search & Connect): Through this public directory providers, sta ff, the public and community partners are able to search a vetted and updated directory of social services on our website, connecting to (i.e. food, housing, transportation, health , etc.). This directory provides a need based customized list of services for patients and provide the hospitals with various reports related to the needs. Additionally, the tool h elps to address the social and structural determinants of health such as poverty, access t o community resources, education and housing that are underlying root causes of health ine quities. Resources & Collaboration: AMITA Health Community Resource Directory; Aunt Bertha , Community Based Organization, Faith Based Organizations, Front Line Associates Anticipat ed Impact: Increase the number

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	of direct referrals between patients and community organizations to reduce patient/commun ity social determinants of health. Mental Health and Substance Use Disorders Strategy: Men tal Health First Aid: In response to a demonstrated system and state-wide need of addressi ng barriers to accessing and utilizing mental health services, AMITA Health Resurrection M edical Center and its community partners implemented an evidence-based program, Mental Hea lth First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care. MHFA trains community residents and first responders t o recognize, respond, and seek assistance for signs of mental illness and substance abuse. Resources & Collaboration: AmeriCorps, Community-based organizations (CBOs), Faith-based organizations (FBOs), First responders/law enforcement, Mental Health First Aid USA, Trilo gy, Anticipated Impact: A reduction in self-reporter poor mental health days as a result o f greater identification of those in need of help. Chronic Condition Prevention and Manage ment Strategy#1: Flu/Fecal Occult Blood Test Screenings: The provision of Flu/Fecal Occult Blood Test (FOBT) screenings in the community Resources & Collaboration: American Cancer Society, Community-based organizations (CBOs), Faith-based organizations (FBOs), AMITA Nur se Navigators Anticipated Impact: To increase the number of community residents who know t he risks for colon cancer and to provide those at risk with the Flu/Fecal Occult Blood Tes t (FOBT) screening. Strategy #2: Diabetic Programs (Self-Management & Prevention): In resp onse to continued need to reduce the number of individuals with Type II diabetes as well a s to lower the hospitalization rate of those diagnosed with Type II diabetes, AMITA Health is committed to providing additional programming for diabetic programming in the communit y. Resources & Collaboration: Community-based organizations (CBOs), Faith-based organizati ons (FBOs), TouchPoint, YMCAs Anticipated Impact: Decrease prevalence of type 2 diabetes; decrease those with unmanaged diabetes. Needs That Will Not Be Addressed AMITA Health Resu rrection Medical Center will not directly address the following focus areas/priorities ide ntified in the tax year 2018 CHNA: - Economic Vitality and Workforce Development - Educati on and Youth Development - Housing, Transportation, and Neighborhood Environment - Violenc e and Community Safety, Injury, including Violence-related injury - Trauma-Informed Care - Maternal and Child Health While critically important to overall community health, these s pecific priorities did not meet internally determined criteria that prioritized addressing needs by either continuing or expanding current programs, services, and initiatives to st eward resources and achieve the greatest community impact. For these areas not chosen, the re are service providers in the community better resourced to address these priorities. AM ITA Health will work collabora

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	tively with and support these organizations as appropriate to ensure service coordination and utilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - AMITA HEALTH SAINT FRANCIS HOSPITAL. Together, AMITA Health Saint Francis and its collaborative partners and stakeholders have identified the following prioritized health needs in our community on the tax year 2018 Community Health Needs Assessment: Soci al and Structural Determinants of Health, including policies that advance equity and promo te physical and mental well-being, and conditions that support healthy eating and active l iving. Access to Care, Community Resources, and Systems Improvements, consisting of timely linkage to appropriate care, and resources, referrals, coordination, and connection to co mmunity-based services. Mental Health and Substance Use Disorders, especially reducing sti gma, increasing the reach and coordination of behavioral health services, and addressing t he opioid epidemic. Chronic Condition Prevention and Management, focusing especially on me tabolic diseases such as diabetes, heart disease, and hypertension, and on asthma, cancer, and complex chronic conditions. Summary of Implementation Strategy Social and Structural Determinants of Health and Access to Care Community Resources and Systems Improvements Str ategy: Aunt Bertha (Search & Connect): Through this public directory providers, staff, the public and community partners are able to search a vetted and updated directory of social services on our website, connecting to (i.e. food, housing, transportation, health, etc.) . This directory provides a need based customized list of services for patients and provid e the hospitals with various reports related to the needs. Additionally, the tool helps to address the social and structural determinants of health such as poverty, access to commu nity resources, education and housing that are underlying root causes of health inequities . Resources & Collaboration: AMITA Health Community Resource Directory; Aunt Bertha, Commu nity Based Organization, Faith Based Organizations, Front Line Associates Anticipated Impa ct: Increase the number of direct referrals between patients and community organizations t o reduce patient/community social determinants of health. Mental Health and Substance Use Disorders Strategy #1: Mental Health First Aid: In response to a demonstrated system and s tate-wide need of addressing barriers to accessing and utilizing mental health services, A MITA Health Saint Francis Hospital Evanston its community partners implemented an evidence -based program, Mental Health First Aid (MHFA), to reduce the stigma associated with menta l illness and improve the coordination of mental health care. MHFA trains community reside nts and first responders to recognize, respond, and seek assistance for signs of mental il lness and substance abuse. Resources & Collaboration: AmeriCorps, Community-based organiza tions (CBOs), Faith-based organizations (FBOs), First responders/law enforcement, Mental H ealth First Aid USA, Trilogy Anticipated Impact: A reduction in self-reported poor mental health days as a result of gre

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	ater identification of those in need of help. Strategy #2: Trilogy Program Linkage Program : An embedded mental health worker provides instant referrals and case management of patie nts or community members who present to AHSFHE needing connection to mental health or othe r social services. Resources & Collaboration: Trilogy, Case management, Emergency Departme nt associates; physicians, grant funding, Community-based organizations (CBOs). Anticipate d Impact: A reduction in the persons in a mental health crisis. Chronic Condition Preventi on and Management Strategy: Diabetic Programs (Self-Management & Prevention): In response to continued need to reduce the number of individuals with Type II diabetes as well as to lower the hospitalization rate of those diagnosed with Type II diabetes, AMITA Health is c ommitted to providing additional programing for diabetic programming in the community. Res ources & Collaboration: Community-based organizations (CBOs), Faith-based organizations (F BOs), TouchPoint, YMCAs Anticipated Impact: Decrease prevalence of type 2 diabetes; decrea se those with unmanaged diabetes. Needs That Will Not Be Addressed AMITA Health Saint Fran cis Hospital will not directly address the following focus areas/priorities identified in the tax year 2018 CHNA: - Economic Vitality and Workforce Development - Education and Yout h Development - Housing, Transportation, and Neighborhood Environment - Violence and Commu nity Safety, Injury, including Violence-related injury - Trauma-Informed Care - Maternal a nd Child Health While critically important to overall community health, these specific pri orities did not meet internally determined criteria that prioritized addressing needs by e ither continuing or expanding current programs, services, and initiatives to steward resou rces and achieve the greatest community impact. For these areas not chosen, there are serv ice providers in the community better resourced to address these priorities. AMITA Health will work collaboratively with and support these organizations as appropriate to ensure se rvice coordination and utilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL. Together, AMITA Health Saint s Mary and Elizabeth Medical Center and its collaborative partners and stakeholders have i dentified the following prioritized health needs in our community on the tax year 2018 Com munity Health Needs Assessment: Social and Structural Determinants of Health, including po licies that advance equity and promote physical and mental well-being, and conditions that support healthy eating and active living. Access to Care, Community Resources, and System s Improvements, consisting of timely linkage to appropriate care, and resources, referrals , coordination, and connection to community-based services. Mental Health and Substance Us e Disorders, especially reducing stigma, increasing the reach and coordination of behavior al health services, and addressing the opioid epidemic. Chronic Condition Prevention and M anagement, focusing especially on metabolic diseases such as diabetes, heart disease, and hypertension, and on asthma, cancer, and complex chronic conditions. Summary of Implementa tion Strategy Social and Structural Determinants of Health Strategy: To increase the consu mption of and access to regionally produced fruits and vegetables to the community by incr easing usage and expanding the West Town Health Market. Resources & Collaboration: Communi ty Based Organization, Faith Based Organizations, Local Businesses/Owners; grant funds; Gr eater Chicago Food Depository; Greater West Town Community Development; West Town Bikes An ticipated Impact: Increase in the availability of and access to fruits and vegetables amon g low income populations. Access to Care Community Resources and Systems Improvements Stra tegy: Aunt Bertha (Search & Connect): Through this public directory providers, staff, the public and community partners are able to search a vetted and updated directory of social services on our website, connecting to (i.e. food, housing, transportation, health, etc.). This directory provides a need based customized list of services for patients and provide the hospitals with various reports related to the needs. Additionally, the tool helps to address the social and structural determinants of health such as poverty, access to commun ity resources, education and housing that are underlying root causes of health inequities. Resources & Collaboration: AMITA Health Community Resource Directory; Aunt Bertha, Commun ity Based Organization, Faith Based Organizations, Front Line Associates Anticipated Impac t: Increase the number of direct referrals between patients and community organizations to reduce patient/community social determinants of health. Mental Health and Substance Use D isorders Strategy: Mental Health First Aid: In response to a demonstrated system and state -wide need of addressing barriers to accessing and utilizing mental health services, AMITA Health Saints Mary and Elizabeth Medical Center and its community partners implemented an evidence-based program, Menta

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	l Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care. MHFA trains community residents and first respond ers to recognize, respond, and seek assistance for signs of mental illness and substance a buse. Resources & Collaboration: AmeriCorps, Community-based organizations (CBOs), Faith-b ased organizations (FBOs), First responders/law enforcement, Mental Health First Aid USA, Trilogy Anticipated Impact: A reduction in self-reporter poor mental health days as a resu lt of greater identification of those in need of help. Chronic Condition Prevention and Ma nagement Strategy #1: CANDO Camp: The CANDO Camp is a three-week program that targets chil dren (ages 11-14) to teach them how to live healthier lifestyles. The following topics are covered in the program: obesity, health and nutrition, abstinence, bullying and education . Resources & Collaboration: Local schools; SMEMC educator staff; grant funds; Anticipated Impact: Reduction in obesity among local youth ages 11-14. Strategy #2: Diabetic Programs (Self-Management & Prevention): In response to continued need to reduce the number of ind ividuals with Type II diabetes as well as to lower the hospitalization rate of those diagn osed with Type II diabetes, AMITA Health is committed to providing additional programming for diabetic programming in the community. Resources & Collaboration: Community-based orga nizations (CBOs), Faith-based organizations (FBOs), TouchPoint, YMCAs Anticipated Impact: Decrease prevalence of type 2 diabetes; decrease those with unmanaged diabetes. Needs That Will Not Be Addressed AMITA Health Alexian Brothers Medical Center Elk Grove Village will not directly address the following focus areas/priorities identified in the tax year 2018 CHNA: - Economic Vitality and Workforce Development - Education and Youth Development - H ousing, Transportation, and Neighborhood Environment - Violence and Community Safety, Inju ry, including Violence-related injury - Trauma-Informed Care - Maternal and Child Health W hile critically important to overall community health, these specific priorities did not m eet internally determined criteria that prioritized addressing needs by either continuing or expanding current programs, services, and initiatives to steward resources and achieve the greatest community impact. For these areas not chosen, there are service providers in the community better resourced to address these priorities. AMITA Health will work collabo ratively with and support these organizations as appropriate to ensure service coordinatio n and utilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - AMITA HEALTH SAINT ELIZABETH HOSPITAL. Together, AMITA Health Saints Mary and Elizabeth Medical Center and its collaborative partners and stakeholders have identifi ed the following prioritized health needs in our community on the tax year 2018 Community Health Needs Assessment: Social and Structural Determinants of Health, including policies that advance equity and promote physical and mental well-being, and conditions that suppor t healthy eating and active living. Access to Care, Community Resources, and Systems Impro vements, consisting of timely linkage to appropriate care, and resources, referrals, coord ination, and connection to community-based services. Mental Health and Substance Use Disor ders, especially reducing stigma, increasing the reach and coordination of behavioral heal th services, and addressing the opioid epidemic. Chronic Condition Prevention and Manageme nt, focusing especially on metabolic diseases such as diabetes, heart disease, and hyperte nsion, and on asthma, cancer, and complex chronic conditions. Summary of Implementation St rategy Social and Structural Determinants of Health Strategy: To increase the consumption of and access to regionally produced fruits and vegetables to the community by increasing usage and expanding the West Town Health Market. Resources & Collaboration: Community Base d Organization, Faith Based Organizations, Local Businesses/Owners; grant funds; Greater C hicago Food Depository; Greater West Town Community Development; West Town Bikes Anticipat ed Impact: Increase in the availability of and access to fruits and vegetables among low i ncome populations. Access to Care Community Resources and Systems Improvements Strategy: A unt Bertha (Search & Connect): Through this public directory providers, staff, the public and community partners are able to search a vetted and updated directory of social service s on our website, connecting to (i.e. food, housing, transportation, health, etc.). This d irectory provides a need based customized list of services for patients and provide the ho spitals with various reports related to the needs. Additionally, the tool helps to address the social and structural determinants of health such as poverty, access to community res ources, education and housing that are underlying root causes of health inequities. Resour ces & Collaboration: AMITA Health Community Resource Directory; Aunt Bertha, Community Bas ed Organization, Faith Based Organizations, Front Line Associates Anticipated Impact: Incr ease the number of direct referrals between patients and community organizations to reduce patient/community social determinants of health. Mental Health and Substance Use Disorder s Strategy: Mental Health First Aid: In response to a demonstrated system and state-wide n eed of addressing barriers to accessing and utilizing mental health services, AMITA Health Saints Mary and Elizabeth Medical Center and its community partners implemented an eviden ce-based program, Mental Healt

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	h First Aid (MHFA), to reduce the stigma associated with mental illness and improve the co ordination of mental health care. MHFA trains community residents and first responders to recognize, respond, and seek assistance for signs of mental illness and substance abuse. R esources & Collaboration: AmeriCorps, Community-based organizations (CBOs), Faith-based or ganizations (FBOs), First responders/law enforcement, Mental Health First Aid USA, Trilogy Anticipated Impact: A reduction in self-reporter poor mental health days as a result of g reater identification of those in need of help. Chronic Condition Prevention and Managemen t Strategy #1: CANDO Camp: The CANDO Camp is a three-week program that targets children (a ges 11-14) to teach them how to live healthier lifestyles. The following topics are covere d in the program: obesity, health and nutrition, abstinence, bullying and education. Resou rces & Collaboration: Local schools; SMEMC educator staff; grant funds; Anticipated Impact : Reduction in obesity among local youth ages 11-14. Strategy #2: Diabetic Programs (Self-Management & Prevention): In response to continued need to reduce the number of individual s with Type II diabetes as well as to lower the hospitalization rate of those diagnosed wi th Type II diabetes, AMITA Health is committed to providing additional programming for dia betic programming in the community. Resources & Collaboration: Community-based organizatio ns (CBOs), Faith-based organizations (FBOs), TouchPoint, YMCAs Anticipated Impact: Decreas e prevalence of type 2 diabetes; decrease those with unmanaged diabetes. Needs That Will N ot Be Addressed AMITA Health Alexian Brothers Medical Center Elk Grove Village will not di rectly address the following focus areas/priorities identified in the tax year 2018 CHNA: - Economic Vitality and Workforce Development - Education and Youth Development - Housing, Transportation, and Neighborhood Environment - Violence and Community Safety, Injury, inc luding Violence-related injury - Trauma-Informed Care - Maternal and Child Health While cr itically important to overall community health, these specific priorities did not meet int ernally determined criteria that prioritized addressing needs by either continuing or expa nding current programs, services, and initiatives to steward resources and achieve the gre atest community impact. For these areas not chosen, there are service providers in the com munity better resourced to address these priorities. AMITA Health will work collaborativel y with and support these organizations as appropriate to ensure service coordination and u tilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	Facility A, 6 - AMITA HEALTH HOLY FAMILY MEDICAL CENTER. Together, AMITA Health Holy Famil y Medical Center and its collaborative partners and stakeholders have identified the follo wing prioritized health needs in our community on the tax year 2018 Community Health Needs Assessment: Social and Structural Determinants of Health, including policies that advance equity and promote physical and mental well-being, and conditions that support healthy ea ting and active living. Access to Care, Community Resources, and Systems Improvements, con sisting of timely linkage to appropriate care, and resources, referrals, coordination, and connection to community-based services. Mental Health and Substance Use Disorders, especi ally reducing stigma, increasing the reach and coordination of behavioral health services, and addressing the opioid epidemic. Chronic Condition Prevention and Management, focusing especially on metabolic diseases such as diabetes, heart disease, and hypertension, and o n asthma, cancer, and complex chronic conditions. Summary of Implementation Strategy: Soci al and Structural Determinants of Health Strategy: Ministry Backpack Program: Improve acce ss to food by providing easy-to-prepare meals every weekend for elementary school children and their families during the academic school year. Resources & Collaboration: School Dis trict 62, Cumberland School, First Congregational United Church of Christ Anticipated Impa ct: Reduce the number of children living in hunger within the Des Plaines community. Acces s to Care Community Resources and Systems Improvements: Strategy #1: Aunt Bertha (Search & Connect): this public directory providers, staff, the public and community partners are a ble to search a vetted and updated directory of social services on our website, connecting to (i.e. food, housing, transportation, health, etc.). This directory provides a need bas ed customized list of services for patients and provide the hospitals with various reports related to the needs. Resources & Collaboration: AMITA Health Community Resource Director y; Aunt Bertha, Community Based Organization, Faith Based Organizations, Front Line Associ ates Anticipated Impact: Increase the number of direct referrals between patients and comm unity organizations to reduce patient/community social determinants of health. Strategy #2 : New Beginnings Pre-Natal Program: Provide comprehensive outpatient prenatal services and support to expectant mothers with limited financial resources to increase the proportion of pregnant women who receive early and adequate prenatal care. Resources & Collaboration: Salvation Army, City of Des Plaines, Department of Health & Human Services, AllKids, Mary ville Academy, Walmart Anticipated Impact: Increase access to prenatal education and resou rces for those in the Des Plaines community. Mental Health and Substance Use Disorders Str ategy #1: Mental Health First Aid: In response to a demonstrated system and state-wide nee d of addressing barriers to ac

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	cessing and utilizing mental health services, AMITA Health Holy Family Medical Center and its community partners implemented an evidence-based program, Mental Health First Aid (MHF A), to reduce the stigma associated with mental illness and improve the coordination of me ntal health care. MHFA trains community residents and first responders to recognize, respo nd, and seek assistance for signs of mental illness and substance abuse. Resources & Colla boration: AmeriCorps, Community-based organizations (CBOs), Faith-based organizations (FBO s), First responders/law enforcement, Mental Health First Aid USA, Trilogy, Linden Oaks, E cker Center, Anticipated Impact: A reduction in self-reported poor mental health days as a result of greater identification of those in need of help. Strategy #2: Keys to Recovery: Provide education and outreach efforts to the community regarding substance use disorders and the relationship between substance use disorder and mental health through the Keys to Recovery program in the community. Resources & Collaboration: MaineStay Youth and Family Service, Des Plaines Police Department, Park Ridge Police Department, Niles Township Antic ipated Impact: Increased educational opportunities in the community about substance use, a nd how to recognize problems to seek treatment proactively. Needs That Will Not Be Address ed AMITA Health Holy Family Medical Center will not directly address the following focus a reas/priorities identified in the tax year 2018 CHNA: - Economic Vitality and Workforce De velopment - Education and Youth Development - Housing, Transportation, and Neighborhood En vironment - Violence and Community Safety, Injury, including Violence-related injury - Tra uma-Informed Care - Maternal and Child Health - Chronic Condition Prevention and Managemen t While critically important to overall community health, these specific priorities did no t meet internally determined criteria that prioritized addressing needs by either continui ng or expanding current programs, services, and initiatives to steward resources and achie ve the greatest community impact. For these areas not chosen, there are service providers in the community better resourced to address these priorities. AMITA Health will work coll aboratively with and support these organizations as appropriate to ensure service coordina tion and utilization.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	Facility A, 7 - FACILITY REPORTING GROUP A - PART I. ACTIONS TAKEN DURING FISCAL YEAR 2019 ON THE PRIOR CHNA: ALL REPORTING HOSPITALS PRIORITIZED THE FOLLOWING FOUR IDENTIFIED HEAL TH NEEDS AS A RESULT OF STAKEHOLDER AND COMMUNITY INPUT AND ENGAGEMENT THROUGH THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY: * "SOCIAL DETERMINANTS": IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES * "BEH AVIORAL HEALTH": IMPROVING MENTAL AND BEHAVIORAL HEALTH * "CHRONIC DISEASE": PREVENTING AN D REDUCING CHRONIC DISEASE (FOCUSED ON RISK FACTORS - NUTRITION, PHYSICAL ACTIVITY, AND TO BACCO) * "ACCESS TO CARE": INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL IDENTIFIE D HEALTH NEEDS ARE BEING ADDRESSED AT EACH HOSPITAL. WE HAVE IMPLEMENTED AN EVIDENCE-BASED APPROACH TO MEET EACH PRIORITIZED COMMUNITY NEED, EITHER BY DEVELOPING A NEW PROGRAM, STR ENGTHENING AN EXISTING ONE, OR BORROWING A SUCCESSFUL MODEL FROM ANOTHER CONTEXT. WE PAID SPECIAL ATTENTION TO GAPS IN EXISTING SERVICES, THE NEEDS OF MARGINALIZED OR VULNERABLE PO PULATIONS, AND WHETHER WORKING IN PARTNERSHIP WITH OTHER ORGANIZATIONS MIGHT HELP US ADDRE SS NEEDS MORE HOLISTICALLY. THESE PROGRAMS EXIST ALONGSIDE OTHER COMMUNITY BENEFIT OPERATI ONS AT PRESENCE HEALTH, SUCH AS A COMPREHENSIVE FINANCIAL ASSISTANCE POLICY AND A LARGE OU TLAY IN HEALTH PROFESSIONS EDUCATION, WHICH ALSO HELP ADDRESS COMMUNITY NEEDS WITHOUT THE USE OF FORMAL PROGRAM EVALUATION. BELOW ARE THE KEY INTERVENTIONS OUR HOSPITALS WERE IMPLE MENTED TO ADDRESS EACH PRIORITIZED HEALTH NEED. Goal 1: Reduce Inequities and Improve Soci al, Economic, and Structural Determinants of Health Strategy 1a. Improve the economic vibr ancy, broad prosperity and financial security of our communities ANCHOR MISSION UTILIZE TH E MINISTRY'S POSITION AS AN ANCHOR INSTITUTION TO DRIVE INVESTMENT IN VULNERABLE COMMUNITI ES. AMITA Health Saints Mary and Elizabeth Medical Center (SMEMC): Hospital engagement, ac tion, and leadership initiative is a collaboration between major Chicago hospitals to make tangible commitments to reduce gun violence, heal the physical and mental trauma that vio lence inflicts on victims, increase well-paying jobs and create other economic opportuniti es in the neighborhoods they serve. SMEMC participated and provided funding to West Side U nited, a hospital collaboration, aimed at reducing violence and uplifting the west side co mmunity through investments, workforce and educational opportunities. HEALTHCARE WORKFORCE COLLABORATIVE A SERIES OF PARTNERSHIPS AIMED AT ALIGNING AVAILABLE HEALTHCARE JOBS AND TH E SKILLS OF CURRENT JOB SEEKERS. AMITA Health Saint Joseph Hospital Chicago: CPS NORTHSIDE LEARNING CENTER- COMMUNITY PARTNERSHIP WITH THE NORTH SIDE LEARNING CENTER CHICAGO PUBLIC HIGH SCHOOL FOR STUDENTS WITH COGNITIVE AND PHYSICAL DISABILITIES. STUDENTS PERFORM VOCAT IONAL LEARNING ACTIVITIES WITH ASSIGNMENTS IN THE HOSPITAL EACH WEEK THROUGHOUT THE SCHOOL YEAR. 12 PARTICIPANTS IN SEPT

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	EMBER 2018 ATTENDED FOR SILVERWARE TRAINING. STUDENTS COME FROM A SCHOOL FOR INDIVIDUALS W ITH DISABILITIES. SCHOOL-BASED CAREER PIPELINE (ACHIEVING DREAMS) WORK WITH OUR ACADEMIC P ARTNERS TO PROVIDE EXPOSURE AND TRAINING FOR STUDENTS INTERESTED IN HEALTHCARE CAREERS. AM ITA Health Saint Joseph Hospital Chicago: CPS Health Career Program- Chicago Public Schools and the hospital have a partnership that allows for students who are interested in a heal th career to participate in internships, site visit days and job shadow days. Students fro m CPS schools spend a school day at the hospital shadowing staff in a variety of health ca reers. The goal is to increase their awareness of the health care profession as an option for a career choice. A total of 12 students from Westinghouse High School, North-Grand Hig h School, RTC Medical Preparatory High School, Roosevelt High School, Sullivan High School , and Perspective M.S.A IIT Campus, Thornridge High School participated in this internship from June to August 2018. Managers provided supervision and training for health-related t asks within the department. Students interned for 20 hours a week for the 6 weeks. Student s were paid by CPS or Ladies Of Virtue. AMITA Health Saint Francis Hospital: CPS Health Ca reers Program- This is a workforce development program aimed at students from the local co mmunity. The project provides a combination of site visits, job shadow days and an interns hip at the hospital. St. Francis provides coordination of the program and extensive manage rs to provide mentoring, guidance and supervision of the summer internship program. A tota l of 12 students from Roger Sullivan CPS High School participated in this internship from July to August 2018. AMITA Health Saint Francis Hospital: CPS Youth Workforce Initiative- A total of 8 students from Sullivan High Schools participated in a job shadow day in Decem ber 2018. They were taken as a group to hospital departments to discuss specific careers w ith those professionals. Departments visited were respiratory therapy, PT/OT/Speech therap y, Laboratory, Pathology, radiology, outpatient radiation oncology, outpatient nursing, an d wound center. Amita Health Resurrection Medical Center: Workforce Mentoring Program- Thi s program provides students an opportunity to job shadow and receive mentoring from health care providers in different departments at the medical center, such as Family Birth Center , Radiology & Ultrasound, Cancer Treatment, OT/ST/PT, ER, Family Practice, Pharmacy, & Chi ld Care Center. A total of 45 students from Maine High School (District 207) and Resurrect ion High School participated in the program. YOUTH SUMMER EMPLOYMENT PROGRAM THAT EMPLOYS AT-RISK YOUTH (16-24) IN SUMMER JOBS AND APPRENTICESHIPS. Amita Health St. Joseph Hospital : Asian Human CYEP Program-Workforce development program for individuals age 18 - 25. Indi viduals are placed in entry level positions at the hospital. They are trained in a 13 week program. This is a 3-month op

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	portunity program for individuals to be trained in to the workforce. Upon completion parti cipants in the program will have the opportunity to apply for open positions with the hosp ital or at any of the other system hospitals or sites. A total of 9 young adults participa ted in the program working in food and nutrition services in October-November 2018. During this time students worked 459.25 hours and served 4,860 patients. Amita Health Saint Fran cis Hospital: ASIAN HUMAN SERVICES COMMUNITY YOUTH EMPLOYMENT PROGRAM (CYEP)- INDIVIDUALS AGE 18 - 24 ARE PLACED IN ENTRY LEVEL POSITIONS IN THE HOSPITAL. INDIVIDUALS ARE UNEMPLOYE D BUT ARE SEEKING TO ENTER OR RE-ENTER THE WORKFORCE. ASIAN HUMAN SERVICES COORDINATES THE PROGRAM. THIS PROGRAM PROVIDES A 3 MONTH PAID EXPERIENCE FOR THE INDIVIDUALS. UPON COMPLE TION, INDIVIDUALS CAN APPLY TO INTERVIEW FOR AVAILABLE POSITIONS AT PSJH OR ANY PH HOSPITA L. A TOTAL OF 2 YOUNG ADULTS PARTICIPATED IN THIS PROGRAM, WORKING IN FOOD AND NUTRITION S ERVICES IN OCTOBER & NOVEMBER 2018. DURING THIS TIME THE STUDENTS WORKED 1678 HOURS AND SE RVED 2760 PATIENTS. Strategy 1b. Improve the health, safety and accessibility of housing G REEN AND HEALTHY HOMES INITIATIVE PROGRAM TO REMEDIATE ENVIRONMENTAL HEALTH CONDITIONS THA T CAUSE POOR HEALTH SUCH AS ASTHMA TRIGGERS, LACK OF HOME VENTILATION AND LEAD PAINT. AMIT A Health Saints Mary and Elizabeth Medical Center (SMEMC): GREEN AND HEALTHY HOMES-SMEMC partnered with Elevate Energy to launch a home-based asthma intervention. The intervention is based on a successful national model created by the Green & Healthy Homes Initiative (GHHI). GHHI provided free technical assistance to Presence Health on its pilot, via a gran t GHHI received from the Robert Wood Johnson Foundation. With financial support from the C hicago Community Trust, SMEMC launched the pilot in early 2018. Over the course of the yea r, pilot staff recruited about 20 uninsured people under age 65 who had had at least one a sthma-related Emergency Department visit or hospital admission in the previous year. Parti cipants receive a home visit from a nurse educator, who taught them the basics of asthma, reviewed medications, and care plan. Patients who did not have a primary care providers we re given information on how to obtain one. After the initial visit, Elevate Energy does a more comprehensive environmental assessment of the patient's home. Elevate Energy provides all patients with items to help with asthma control, including mattress and pillow covers , a HEPA vacuum, pest management supplies and green cleaning products. If the Elevate Ener gy assessment finds more serious issues, those participants receive minor home repairs, in cluding mold remediation or carpet removal.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	Facility A, 8 - FACILITY REPORTING GROUP A - PART II. SUPPORTIVE HOUSING AND CARE LINKAGES FOR THE HOMELESS PROGRAM TO REMEDIATE HOMELESSNESS AND TRANSIENT LIVING BY PROVIDING CLOS ER CARE COORDINATION AND REFERRALS TO TRANSITIONAL AND SUPPORTIVE HOUSING. AMITA Health Sa int Francis Hospital: SOCIAL WORKER IN LIBRARY PROGRAM: The Social Worker in Library Progr am (SWIL) added a full-time, licensed clinical social worker (LCSW) to the Evanston Public Library to connect individuals who are experiencing homelessness, chronic unemployment, m ental illness, and other complex needs with appropriate referrals and support utilizing th e AMITA Health Community Resource Directory (Aunt Bertha). The LCSW will also build relati onships with social service partners to ensure "warm hand off" for patrons, provide health workshops and trainings for library staff on general health topics, and facilitate commun ity workshops and events for the public. ADVOCATING FOR THE EXPANSION OF AFFORDABLE HOUSIN G CREDITS IMPROVING THE LANDSCAPE OF AFFORDABLE HOUSING IN ILLINOIS BY ADVOCATING FOR GREA TER USE OF HOUSING VOUCHERS AND MORE FINANCIAL SUPPORT FOR SUBSIDIZED HOUSING. AMITA Healt h Holy Family Medical Center HABITAT FOR HUMANITY- THROUGH A COMMUNITY PARTNERSHIP WITH HA BITAT FOR HUMANITY, DESIGNED TO PAINT THE EXTERIOR OF SINGLE-FAMILY HOMES OWNED AND OCCUPI ED BY PERSONS WITH LIMITED FINANCIAL RESOURCES, WHO ARE AT LEAST 60 YEARS OF AGE, A VETERA N, OR HAVE A PERMANENT DISABILITY, MAKING THEM UNABLE TO DO THE WORK THEMSELVES. A TOTAL O F 25 STAFF HOURS WAS PLACED IN THE PARTICIPATION OF A PROJECT WHERE THE EXTERIOR OF A SING LE-FAMILY HOME DES PLAINES RESIDENT WITH LIMITED FINANCIAL RESOURCES. SCREEN FOR HOUSING A ND UTILITY SECURITY DEVELOP A SCREENING TOOL WITH OUR HOSPITAL AND HEALTH DEPARTMENT PARTN ERS TO IDENTIFY PATIENTS AND COMMUNITY MEMBERS LIVING IN UNSTABLE HOUSING OR SUFFERING FRO M UTILITY BURDENS. ALL REPORTING HOSPITALS: AUNT BERTA SOFTWARE/COMMUNITY RESOURCES- Throug h this public directory providers, staff, the public and community partners can search a v etted and updated directory of social services on our website, connecting to (i.e. food, h ousing, transportation, health, etc.). The software was added to reporting hospitals in th e summer of 2018. Staff access program to link at-risk patients to services within their z ip code area. Over 2,000 actions are taken each month to connect patients to services. Str ategy 1c. Reduce violence and mitigate the impact it has on the health and well-being of o ur neighbors ANTI-BULLYING CAMPAIGN DEVELOP STRATEGIES IN COLLABORATION WITH LOCAL PARTNER S TO REDUCE BULLYING AND CIRCUMVENT CYCLES OF VIOLENCE. AMITA Saints Mary and Elizabeth Me dical Center: CANDO SCHOOL PROGRAM- HOSPITAL STAFF SERVE AS MENTORS TO COMMUNITY YOUTH AND HOLD A 4-WEEK SUMMER PROGRAM IN THE HOSPITAL. CLASSES ON ABSTINENCE, HEALTH, EXERCISE AND NUTRITION ARE PREPARED AND PROVIDED BY STAFF. IN ADDITION, THE STAFF SERVES AS MENTORS TO THE YOUTH AND FOCUS ON THE IM

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	PORTANCE OF STAYING IN SCHOOL. MEETINGS ARE ALSO HELD ONCE A MONTH DURING THE SCHOOL YEAR. THIS 8 WEEK SUMMER PROGRAM KEEPS OUR YOUTH OFF THE STREETS DURING THE SUMMER AND TARGETS THOSE WHO OTHERWISE WOULD NOT HAVE HAD A CHANCE DUE TO ECONOMIC BACKGROUND. PARTNERED WITH CAMERON ELEMENTARY SCHOOL AND SERVED A TOTAL OF 112 NEW STUDENTS AND HELD A GRADUATION AN D POST HEALTH SCREENING FOR 72 STUDENTS THAT HAD ATTENDED A PREVIOUS CAMP. Strategy 1d. Im prove access to quality, healthy affordable food FARMER'S MARKET SPONSOR AND HOST SEASONAL FARMER'S MARKETS ON MINISTRY GROUNDS TO PROVIDE ACCESS TO HEALTHY FOOD TO COMMUNITY RESID ENTS, PATIENTS, AND ASSOCIATES. AMITA Saints Mary and Elizabeth Medical Center (SMEMC): WE ST TOWN HEALTH MARKET- COUPON BOOKLETS ARE PROVIDED TO PARTICIPANTS AND OFFERS POINTS OF S ALE DISCOUNTS TO SNAP PARTICIPANTS TO REDEEM AT SMEMC'S BI-MONTHLY FARMERS MARKETS. SMEMC WILL ALSO PROVIDE EDUCATION ON HEALTHY EATING AND THE BENEFIT OF COOKING WITH FRUITS AND V EGETABLES. OUTCOME WILL BE TO IMPROVE EATING HABITS FOR LOW-INCOME LOCAL RESIDENTS WHILE A LSO IMPROVING THEIR OVERALL HEALTH OUTCOMES. WEST TOWN HEALTH MARKET SERVED A TOTAL OF 94 PARTICIPANTS. SURPLUS PROJECT UTILIZE EXCESS FOOD PRODUCED IN MINISTRY CAFETERIAS BY PACKA GING AND DISTRIBUTING TO SUMMER LUNCH PROGRAMS, HOMELESS SHELTERS AND FOOD BANKS. AMITA He alth Resurrection Medical Center (RMC): KIDS SUMMER FEEDING PROGRAM- THE PROGRAM (KIDS CAF E) IS IN RESPONSE TO A NEED THAT 1 IN 5 CHILDREN IN OUR COMMUNITIES IS FOOD INSECURE. WHEN SCHOOL IS OUT FOR SUMMER VACATION, CHILDREN ARE AT INCREASED RISK OF HUNGER. THIS PROGRAM IS SPONSORED BY THE ILLINOIS STATE DEPARTMENT OF AGRICULTURE, ADMINISTERED BY THE ILLINOI S STATE BOARD OF EDUCATION, AND IN PARTNERSHIP WITH THE GREATER CHICAGO FOOD DEPOSITORY, N EW HOPE COMMUNITY FOOD PANTRY, AND RMC. A TOTAL OF 419 PARTICIPANTS RECEIVED FOOD. AMITA H ealth Holy Family Medical Center (HFMC): BACKPACK MINISTRY- FOOD DONATION PROVIDED TO CUMB ERLAND SCHOOL TO SERVE 330 LUNCHES TO THOSE WHO NEED IT. THE PROGRAM IS OFFERED IN COLLABO RATION WITH ST STEPHENS AND FIRST CONGREGATIONAL CHURCH TO ADDRESS FOOD INSECURITY WITHIN THE COMMUNITY AND TO ADDRESS THE NEED IN SCHOOL STUDENTS FOR THE WEEKENDS TO BRIDGE THE GA P FROM THE LUNCH ON FRIDAY UNTIL THEY RETURN TO SCHOOL ON MONDAY. HFMC ALSO PARTICIPATED I N FOOD DONATION TO CATHOLIC CHARITIES FOR 55 PEOPLE. SNAP BENEFITS IMPROVE ENROLLMENT AND ADVOCATE FOR EXPANDED BENEFITS. AMITA Saints Mary and Elizabeth Medical Center (SMEMC): WE ST TOWN HEALTH MARKET- COUPON BOOKLETS ARE PROVIDED TO PARTICIPANTS AND OFFERS POINTS OF S ALE DISCOUNTS TO SNAP PARTICIPANTS TO REDEEM AT SMEMC'S BI-MONTHLY FARMERS MARKETS. SMEMC WILL ALSO PROVIDE EDUCATION ON HEALTHY EATING AND THE BENEFIT OF COOKING WITH FRUITS AND V EGETABLES. OUTCOME WILL BE TO IMPROVE EATING HABITS FOR LOW-INCOME LOCAL RESIDENTS WHILE A LSO IMPROVING THEIR OVERALL HEALTH OUTCOMES. WEST TOWN HEALTH MARKET SERVED A TOTAL OF 94 PARTICIPANTS. Goal 2: Improve

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	Mental Health and Decrease Substance Abuse Strategy 2a. Increase awareness of mental healt h conditions and reduce stigma MENTAL HEALTH FIRST AID (MHFA) CERTIFICATE-BASED PROGRAM US ING NATIONAL, EVIDENCE-BASED CURRICULUM THAT TEACHES THE SKILLS TO RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS. AMITA Health Resurrection Medical Center (RMC): MHFA- COLLABORATED WITH THE OUR LADY MOTHER OF CHURCH AND ST. MARIA GORETTI SCHOOL TO P ROVIDE THE TRAINING TO A TOTAL OF 31 PARTICIPANTS. AMITA Health Holy Family Medical Center : MHFA-COLLABORATED WITH DES PLAINES PUBLIC LIBRARY, MARYVILLE STEVENS CENTER, MARYVILLE S EXTON ACADEMY, DES PLAINES PARK DISTRICT, CATHOLIC CHARITIES, MENTAL HEALTH AMERICA OF THE NORTH SHORE TO PROVIDE THE TRAINING TO 267 INDIVIDUALS. AMITA Health Saint Francis Hospit al: MHFA-COLLABORATED WITH GLENVIEW NORTHBROOK COALITION AND WITH THE YOUTH MENTAL FIRST A ID TRAINING FOR PEER SERVICES TO PROVIDE THE TRAINING TO A TOTAL OF 40 INDIVIDUALS. AMITA Health Saint Joseph Hospital Chicago: MHFA-COLLABORATED WITH CHICAGO POLICE DEPARTMENT (19 TH DISTRICT) PROVIDE THE TRAINING TO A TOTAL OF 22 INDIVIDUALS Strategy 2b. Develop telehe alth policy solutions to address mental health professional shortages ADOLESCENT AND TEEN DRUG AND ALCOHOL PREVENTION PROVIDE INFORMATION OF LONG-TERM EFFECTS OF DRUG AND ALCOHOL U SE TO REDUCE THE LEVEL OF ADOLESCENT DRUG AND ALCOHOL DRUG ABUSE AND PROMOTE POSITIVE MENT AL HEALTH AMONG TEENS IN OUR COMMUNITY. AMITA Health Resurrection Medical Center: COALITIO N BUILDING- PARTICIPATES IN MAINE COMMUNITY YOUTH ASSISTANCE FOUNDATION (MCYAF) COALITION MEETINGS AND PLANNED FOR PARTICIPATION IN DIFFERENT EVENTS OR PRESENTATIONS THAT ADDRESSED THE PREVENTION OF SUBSTANCE AND ALCOHOL ABUSE IN CHILDREN AND TEENS AND TO HELP LOBBY FOR POLICY CHANGES. PARTNER WITH ADDICTION AND RECOVERY GROUPS PROVIDE SPACE, RESOURCES AND S UPPORT FOR COMMUNITY-BASED ADDICTION AND RECOVERY PARTNERS. AMITA Health Resurrection Medi cal Center: IN-KIND ROOM USAGE FOR ALCOHOLIC ANONYMOUS MEETINGS- A TOTAL OF 53 MEETING HEL D BETWEEN JULY 2018 - JUNE 2019. AMITA Health Saint Joseph Hospital Chicago: IN-KIND ROOM USAGE FOR ALCOHOLIC ANONYMOUS MEETINGS, A TOTAL OF 24 MEETINGS BETWEEN JULY-DECEMBER 2018. Strategy 2c. Increase access to Substance Abuse interventions and recovery programs Goal 3: Prevent and Reduce Chronic Disease Strategy 3a. Create a healthy care delivery communit y AMERICAN LUNG ASSOCIATION TOBACCO 21 ACT INCREASING THE MINIMUM AGE OF SALE FOR TOBACCO PRODUCTS TO AT LEAST 21 YEARS OLD WILL SIGNIFICANTLY REDUCE YOUTH TOBACCO USE AND SAVE THO USANDS OF LIVES.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	Facility A, 9 - FACILITY REPORTING GROUP A - PART III. ALL REPORTING HOSPITALS: THROUGH LO CAL & STATE ADVOCACY EFFORTS, AMITA HEALTH WAS ABLE TO ASSIST IN THE PASSAGE OF THE TOBACC O 21 LAW THAT WENT INTO AFFECT IN 2019. THE NEW STATE MINIMUM TO PURCHASE TOBACCO PRODUCTS IS ILLINOIS IS 21 YEARS OLD, WHICH INCREASED FROM 18 YEARS OLD. Strategy 3b. Provide effe ctive programming and partnerships for at-risk community members to lead active lives A-LI ST DIABETES PREVENTION PROGRAM DIABETES SCREENING AND EDUCATION PROGRAM FOCUSING ON THE PR EVENTION OF TYPE 2 DIABETES THROUGH LIFESTYLE AND NUTRITION THERAPY. AMITA Health Resurrec tion Medical Center: DIABETES PREVENTION PROGRAM- A TOTAL OF 142 PARTICIPANTS. AMITA Healt h Saint Francis Hospital: DIABETES PREVENTION PROGRAM- A TOTAL OF 159 PARTICIPANTS. Goal 4 : Increase Access to Care and Community Resources Strategy 4a. Further align and partner w ith our faith communities to provide care, advocate for coverage and promote health and we llness FAITH COMMUNITY NURSING A PRACTICE SPECIALTY THAT FOCUSES ON THE INTENTIONAL CARE O F THE SPIRIT, PROMOTION OF AN INTEGRATIVE MODEL OF HEALTH AND PREVENTION AND MINIMIZATION OF ILLNESS WITHIN THE CONTEXT OF A COMMUNITY OF FAITH. AMITA Health Resurrection Medical C enter: FAITH COMMUNITY NURSING PROVIDED SERVICES TO A TOTAL OF 923 PERSONS. Strategy 4b. I ncrease capacity and availability of clinical and community resources for vulnerable popul ations FQHC AND FREE CLINIC PARTNER SUPPORT PROVIDE FINANCIAL, REFERRAL, AND IN-KIND SUPPO RT TO LOCAL FQHCS AND FREE CLINICS. AMITA Health Saint Joseph Hospital Chicago: COMMUNITY HEALTH CLINIC- SJH CHICAGO CONTRIBUTES TO THE PERSONNEL AND ANCILLARY SUPPORT AND PAYS A P ERCENTAGE OF THE TOTAL COSTS. COSTS ARE BILLED QUARTERLY AND INCLUDE PAYMENT FOR THE FOLLO WING POSITIONS: CLINICAL MANAGER, CLINIC COORDINATOR, COORDINATOR OF VOLUNTEER SERVICES, P ATIENT SERVICES COORDINATOR, PATIENT CARE ASSOCIATE, LAB ASSOCIATE, NURSES, PHARMACISTS, P HARMACY TECHNICIAN AND MEDICAL SUPPLIES, MEDICATION, AND OFFICE SUPPLIES. IN ADDITIONAL TO COSTS BILLED, THERE ARE ALSO FACULTY COSTS FOR THE SALARIES OF THE ATTENDING PHYSICIANS W HO SUPERVISE THE MEDICAL RESIDENTS. A TOTAL OF 7,530 PEOPLE WERE SERVED BETWEEN JULY 2018- JANUARY 2019. CANCER PREVENTION SCREENINGS PROVIDES LOW INCOME AND UNINSURED INDIVIDUALS W ITH FREE MAMMOGRAMS AND FOLLOW-UP TESTING FOR BREAST CANCER, , WITH SUPPORT FROM THE SILVE R LINING FOUNDATION AND THE SUSAN G. KOMEN FOUNDATION. AS WELL AS COLORECTAL FIT KIT SCREE NINGS AMITA Health Resurrection Medical Center: CHARITABLE CONTRIBUTION TO A SILVER LINING FOUNDATION WHOSE MISSION IS TO ENSURE DIGNIFIED, RESPECTFUL AND EQUAL ACCESS EDUCATION AN D SERVICES FOR ALL. CREATES PARTNERSHIPS WITH COMMUNITY, ADVOCACY AND HEALTHCARE ORGANIZAT IONS PROVIDING MAMMOGRAMS AT NO COSTS TO WOMEN AND MEN. A TOTAL OF 48 PARTICIPANTS WERE AB LE TO OBTAIN IMAGING. AMITA Health Resurrection Medical Center: COLORECTAL CANCER SCREENIN GS PROMOTED AWARENESS AND PROV

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	IDED EDUCATION ON COLON CANCER. A TOTAL OF 131 PEOPLE WERE SCREENED AND 51 FECAL OCCULT BL OOD TEST KITS DISTRIBUTED. AMITA Health Saint Joseph Hospital Chicago: COLON CANCER SCREEN INGS- PROMOTED AWARENESS AND PROVIDED EDUCATION ON COLON CANCER. A TOTAL OF 118 FECAL IMMU NOCHEMICAL TEST KITS (FIT KITS) DISTRIBUTED FOR COLON CANCER SCREENING. AMITA Health Holy Family Medical Center: CHARITABLE CONTRIBUTION TO A SILVER LINING FOUNDATION WHOSE MISSION IS TO ENSURE DIGNIFIED, RESPECTFUL AND EQUAL ACCESS EDUCATION AND SERVICES FOR ALL. CREAT ES PARTNERSHIPS WITH COMMUNITY, ADVOCACY AND HEALTHCARE ORGANIZATIONS PROVIDING MAMMOGRAMS AT NO COSTS TO WOMEN AND MEN. A TOTAL OF 48 PARTICIPANTS WERE ABLE TO OBTAIN IMAGING. Str ategy 4c. Improve community members effective use of the health system and community resou rces WELLNESS SCREENINGS DEVELOP COMMUNITY ACCESS POINTS (HEALTH FAIRS, SCREENINGS, ETC.) TO IMPROVE HEALTH IN THE COMMUNITY. ALL REPORTING HOSPITALS: PROVIDED SCREENINGS IN COMMUN ITY SETTINGS AS REQUESTED INCLUDING BLOOD PRESSURE SCREENINGS, DIABETES SCREENING, GLUCOSE CHECKS AND OTHER EDUCATION AS REQUESTED. Strategy 4d. Improve transportation resources VO UCHER SUPPORT PROVIDE VOUCHERS FOR RIDESHARE SERVICES AND PUBLIC TRANSPORTATION TO PATIENT S WITHOUT EASY ACCESS TO TRANSPORTATION TO THEIR FOLLOW-UP APPOINTMENTS, LEADING TO IMPROV ED CONTINUITY OF CARE. AMITA Health Resurrection Medical Center: TRANSPORTATION CAB VOUCHE RS--- PROVIDED VOUCHERS TO 133 PERSONS. TOTALING $29,024.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRIMECARE COMMUNITY HEALTH INC 2211 N Elston Ave STE 301 Chicago, IL 60614	36-3845253	501(C)(3)	369,000				General Support
(2) COMMUNITY HEALTH ALLIANCE 3355 Douglas Rd STE 300 South Bend, IL 466351780	35-1937156	501(C)(3)	15,000				General Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ALL ORGANIZATIONS WHICH ARE RECIPIENTS OF GRANT FUNDS ARE TAX-EXEMPT ORGANIZATIONS DESCRIBED IN 501(C)(3) AND THEREFORE THE CORPORATION DOES NOT MONITOR THE USE OF THOSE FUNDS.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A RELATED ORGANIZATION OF Presence Chicago Hospitals Network USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO: -COMPENSATION COMMITTEE, -INDEPENDENT COMPENSATION CONSULTANT, -COMPENSATION SURVEY OR STUDY, AND -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	PRESENCE HAS THREE SEVERANCE PLANS DEPENDING UPON LEVEL. THESE PLANS ALLOW INDIVIDUALS WHOSE JOBS HAVE BEEN ELIMINATED AND WHO HAVE NOT BEEN ABLE TO FIND A SIMILAR POSITION WITHIN THE SYSTEM TIME TO TRANSITION. THE NUMBER OF WEEKS OF WAGE CONTINUATION ARE BASED UPON LENGTH OF SERVICE. THE PLANS ARE NOT FUNDED. THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2018: ANN ERRICHETTI - $1,188,221 JEANNIE C FREY - $727,448 JAMES H KELLEY - $1,026,946 JEFFREY M ROONEY - $499,990

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	IN ORDER TO ENHANCE THE ABILITY OF PRESENCE HEALTH TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL BY PROVIDING ELIGIBLE EXECUTIVES WITH ADDITIONAL RETIREMENT BENEFITS ON A DEFERRED BASIS, A RELATED ORGANIZATION MAINTAINS AN UNFUNDED SUPPLEMENTAL RETIREMENT PLAN (THE "PLAN") FOR A SELECT GROUP OF MANAGEMENT, WHICH IS INTENDED TO COMPLY WITH SECTION 457(F), AND SECTION 409A OF THE INTERNAL REVENUE CODE. A RELATED ORGANIZATION CREDITS TO SUCH ELIGIBLE EXECUTIVE'S RETIREMENT ACCOUNT AN AMOUNT BASED ON A PERCENTAGE OF SALARY. EARNINGS AND/OR LOSSES ON INVESTMENTS ARE CREDITED AT A RATE EQUAL TO THE RATE OF RETURN OVER THE SAME PERIOD ON INVESTMENT OPTIONS SELECTED BY THE ELIGIBLE EXECUTIVE. ELIGIBLE EXECUTIVES ARE ENTITLED TO RECEIVE BENEFITS ON THE EARLIEST OF (I)JANUARY 1 OF THE THIRD CALENDAR YEAR BEGINNING AFTER THE YEAR IN WHICH SUCH CONTRIBUTION IS CREDITED, (II) ATTAINING AGE 62, OR (III) ATTAINING THE AGE OF 60 IF THE ELIGIBLE EXECUTIVE HAS COMPLETED TEN (10) YEARS OF SERVICE. THE FOLLOWING LISTED INDIVIDUALS BECAME VESTED IN SUPPLEMENTAL RETIREMENT BENEFITS UNDER THE SERP, AND THEREFORE HAD BENEFITS INCLUDED IN THEIR TAXABLE INCOME: MARTIN H JUDD - $233,927 PATRICIA EDDY - $41,624 ROBERT M DAHL - $99,767 JAMES L ROBINSON III - $22,088 YOLANDE D WILSON-STUBBS - $30,003 KENNETH P JONES - $24,368 JAMES H KELLEY - $227,637 JEANNIE C FREY - $262,648 JEFFREY M ROONEY - $83,914 THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2018 WHICH ARE REPORTED IN COLUMN (C): GARY LIPINSKI - $13,750 MARTIN H JUDD - $19,250 PATRICIA EDDY - $13,750 JULIE P ROKNICH - $12,842 ROBERT M DAHL - $13,750 JAMES L ROBINSON III - $729,419 YOLANDE D WILSON-STUBBS - $13,088 KENNETH P JONES - $13,103 LAURA L CONCANNON - $13,750 DAVID J BORDO - $19,250 MARTIN SIGLIN - $13,750 ROBERT ROSENBERGER - $13,750 JAMES H KELLEY - $13,750 ANN ERRICHETTI - $8,078 JEANNIE C FREY - $10,483 JEFFREY M ROONEY -$13,750 ROBYN PARKER - $12,008 THOMAS KOELBL - $623,448

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GARY LIPINSKI MD	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	392,917	33,422	22,799	13,750	9,258	472,146	0
JAMES H KELLEY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	167,469	742,410	1,378,809	13,750	6,078	2,308,517	227,637
ANN ERRICHETTI	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	148,824	963,282	1,287,819	8,078	1,403	2,409,405	0
JEANNIE C FREY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	88,831	435,931	1,144,932	10,483	3,477	1,683,653	262,648
JEFFREY M ROONEY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	133,257	163,335	670,657	13,750	6,377	987,377	83,914
BETTINA A JOHNSON	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER (END 12/2018)	(ii)	200,603	61,692	6,813	0	16,099	285,207	0
MARTIN H JUDD	(i)	453,990	252,500	287,876	19,250	16,019	1,029,636	233,927
PRESIDENT	(ii)	0	0	0	0	0	0	0
PATRICIA EDDY	(i)	0	0	0	0	0	0	0
TREASURER	(ii)	263,592	160,938	66,603	13,750	22,273	527,157	41,624
JULIE P ROKNICH	(i)	0	0	0	0	0	0	0
SECRETARY	(ii)	222,620	71,812	5,521	12,842	21,475	334,270	0
ROBYN PARKER	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	208,000	28,559	10,496	12,008	19,857	278,919	0
THOMAS KOELBL	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	347,687	338,566	61,316	623,448	16,961	1,387,978	0
ROBERT MICHAEL DAHL	(i)	380,315	170,743	145,981	13,750	19,485	730,273	99,767
REGIONAL PRESIDENT & CEO - NWC	(ii)	0	0	0	0	0	0	0
JAMES LEON ROBINSON III	(i)	390,939	88,527	57,513	729,419	26,396	1,292,795	22,088
PRESIDENT - SJH CHICAGO	(ii)	0	0	0	0	0	0	0
YOLANDE D WILSON-STUBBS	(i)	285,301	150,780	57,840	13,088	15,773	522,783	30,003
PRESIDENT - HFMC LTACH	(ii)	0	0	0	0	0	0	0
KENNETH PRESTON JONES	(i)	361,619	54,016	60,554	13,103	22,008	511,300	24,368
PRESIDENT - PSFH	(ii)	0	0	0	0	0	0	0
LAURA L CONCANNON	(i)	381,204	62,235	20,008	13,750	20,525	497,721	0
CMO	(ii)	0	0	0	0	0	0	0
DAVID J BORDO MD	(i)	353,022	44,411	20,197	19,250	10,256	447,136	0
REGIONAL CMO	(ii)	0	0	0	0	0	0	0
MARTIN SIGLIN MD	(i)	314,068	22,151	47,687	13,750	16,826	414,482	0
CMO - SFH	(ii)	0	0	0	0	0	0	0
ROBERT ROSENBERGER	(i)	311,868	35,580	8,068	13,750	663	369,929	0
REGION CFO METRO CHICAGO	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b AUDITED FINANCIAL STATEMENT	The activity of PRESENCE CHICAGO HOSPITALS NETWORK is reported in the consolidated financi al statements of Ascension Health Alliance. No individual audit of PRESENCE CHICAGO HOSPIT ALS NETWORK is completed. Therefore, the audited financial statements are of Ascension Hea lth Alliance and Affiliates, which include the activity of PRESENCE CHICAGO HOSPITALS NETW ORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a FORM 1096 TRANSMITTAL OF US INFORMATION RETURNS	Presence Chicago Hospitals Network (THE "CORPORATION") REPORTS 0 ON FORM 990, PART V, QUES TION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U.S. IN FORMATION RETURNS. ALL OF THE CORPORATION'S ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE P AID BY PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION. THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a COMPENSATION AND FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT	Presence Chicago Hospitals Network (THE "CORPORATION") REPORTS 0 EMPLOYEES ON FORM 990, PA RT I, QUESTION 5 AND FORM 990, PART V, QUESTION 2A AS IT IS NOT REQUIRED TO FILE FORM W-3, TRANSMITTAL OF WAGES AND TAX STATEMENT. THE CORPORATION'S COMPENSATION IS PAID BY PRESENC E CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES THE FORMS W-2 AND W-3, AND THE EX PENSE IS TRANSFERRED TO THE CORPORATION. THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REF LECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for Determining Compensation of Top Management Officials	The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization. The process includes revi ew and approval by independent persons of the related organization's compensation committe e, use of comparability data, and contemporaneous substantiation of deliberation and decis ion regarding the compensation arrangement. The compensation committee is charged with ove rseeing the process in a manner designed to assure independence, avoid conflicts of intere st, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for Determining Compensation of Other Officers and key Employees	The process for determining compensation of the organization's other officers or key emplo yees is performed by a related organization. The process includes review and approval by i ndependent persons of the related organization's compensation committee, use of comparabil ity data, and contemporaneous substantiation of deliberation and decision regarding the co mpensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonabl eness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	THE ORGANIZATION'S ARTICLES AND BYLAWS WERE AMENDED EFFECTIVE JUNE 19, 2019 TO REFLECT THE APPOINTMENT OF ASCENSION HEALTH ALLIANCE AS ITS TREASURY AGENT TO CONTROL FINANCES AND FI NANCIAL POLICIES OF THE CORPORATION AND TO PERFORM BANKING, FINANCE AND OTHER TREASURY FUN CTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	PRESENCE CHICAGO HOSPITALS NETWORK HAS A SINGLE CORPORATE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PRESENCE CHICAGO HOSPITALS NETWORK HAS A SINGLE CORPORATE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION, WHO HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF PRESENCE CHICAGO HOSPITALS NETWORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO PRESENCE CHICAGO HOSPITALS NETWORK'S FINANCIA L INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMB ER, PRESENCE CARE TRANSFORMATION CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREA S WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLET E AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAG EMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONF LICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MU ST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLO SE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVI DUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWE RS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLIC TS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS F EDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMP T PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a STATUTORY EMPLOYER	PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC") (FEIN 36-3366652) ACTS AS THE AGENT FOR THE CORPORATION. CASH IS SWEPT FROM THE CORPORATION ON A DAILY BASIS TO PCTC AND PCTC ISSU ES ALL PAYROLL AND ACCOUNTS PAYABLE CHECKS ON BEHALF OF AND AS AGENT FOR THE CORPORATION A ND THE APPROPRIATE ACCOUNTING ENTRIES ARE RECORDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue: 4584835, Related or Exempt Function Revenue: 157560 7, Unrelated Business Revenue: 388460, Revenue Excluded from Tax Under Sections 512, 513, or 514: 2620768;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers To/From Affiliates - -52869304;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3a PART XII, LINES 3A AND 3B	ASCENSION HEALTH ALLIANCE COMPLETES A CONSOLIDATED SINGLE AUDIT (FORMERLY KNOWN AS A-133 A UDIT) WHICH INCLUDES ALL ENTITIES FOR WHICH IT IS THE ULTIMATE PARENT ORGANIZATION WHETHER THEY EXPENDED FEDERAL FUNDS DURING THE YEAR OR NOT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c Change of oversight process or selection process	PRESENCE CHICAGO HOSPITALS NETWORK is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 1, Box C d/b/a NAMES	PRESENCE CHICAGO HOSPITALS NETWORK ALSO OPERATES UNDER THE FOLLOWING ASSUMED NAMES: - Cana Health - New Beginnings Prenatal Program - Programma Prenatal Nueva Vida - Presence Resur rection Retirement Community - Presence Answering Service - Presence Infusion Care-Evansto n - Presence Infusion Care-Park Ridge - Harborview Recovery Center - Keys to Recovery - SF H Prof Bldg Pharmacy - Presence Nazareth Family Center Pharmacy - The Apothecary-Chicago - Presence Saint Elizabeth Hospital - Presence Saints Mary and Elizabeth Hospital - Presenc e Saint Mary of Nazareth Hospital - Presence Saints Mary and Elizabeth Medical Center - Pr esence Saint Joseph Hospital-Chicago - Presence Saint Francis Hospital - Presence Resurrec tion Medical Center - PSMEMC Center for Cancer and Specialty Care Pharmacy - PSMEMC Infusi on - AMITA Health Holy Family Medical Center Des Plaines - AMITA Health Resurrection Medic al Center Chicago - AMITA Health Saint Francis Hospitals Evanston - AMITA Health Saints Ma ry and Elizabeth Medical Center Chicago - RMC Cardiology

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 1 Box J - Website	Presence Chicago Hospitals Network does not have its own direct website; however, Presence Chicago Hospitals Network operates the following hospitals which have their own websites as follows: Presence Saint Joseph Hospital Chicago- https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/ Presence Resurrection Medical Center- https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago/ Presence Saint Francis Hospital- https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/ Presence Saint Mary of Nazareth Hospital- https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/ Presence Saint Elizabeth Hospital- https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/ Presence Holy Family Medical Center- https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plaines/

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PRESENCE HEALTH PARTNERS SERVICES	P	101,711	FAIR MARKET VALUE
(2)PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	C	1,852,373	FAIR MARKET VALUE
(3) Alexian Brothers Health System	C	659,527	FAIR MARKET VALUE
(4) Presence Care Transformation Corporation	P	908,052,799	FAIR MARKET VALUE
(5) Presence Care Transformation Corporation	M	167,903,344	FAIR MARKET VALUE
(6) Ascension Health Senior Care	P	2,205,210	FAIR MARKET VALUE

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation
Schedule R, Part V, Line 1p REIMBURSEMENTS FOR SHARED SERVICES	PRESENCE CARE TRANSFORMATION CORPORATION (FEIN: 36-3366652) PAYS ALL OF THE COMPENSATION AND ACCOUNTS PAYABLE FOR ALL ENTITIES UNDER THE PRESENCE HEALTH SYSTEM AS THE DESIGNATED PAYMENT AGENT FOR SUCH ENTITIES. CASH IS DEPOSITED INTO AN ACCOUNT BY PRESENCE HEALTH ENTITIES AND SWEPT ON A MONTHLY BASIS TO REIMBURSE PRESENCE CARE TRANSFORMATION CORPORATION FOR THESE EXPENSES AT COST. THE AMOUNTS REPORTED ON PART V OF SCHEDULE R REFLECT THE TOTAL CASH TRANSFERS TO/FROM PRESENCE CARE TRANSFORMATION CORPORATION.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	TN	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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						Yes	No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
12250 Weber Hill Road St Louis, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 Dequnidre Rd WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	

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						Yes	No
16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ENTER FOUNDATION 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	

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						Yes	No
8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	

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						Yes	No
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

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						Yes	No
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 South Wacker Drive Chicago, IL 60606 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health System	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	

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1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJRMC Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8402 Harcourt Rd Ste 210 INDIANAPOLIS, IN 46260 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

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2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								51 %
(1) ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(2) AMBROSE PARKWOOD WEST II LLC 55 MONUMENT CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924	LAND HOLDINGS	IN	NA	N/A								
(3) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(4) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(6) ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
(7) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(8) BELMONTHARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(9) BONAVENTURE MEDICAL FOUNDATION LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(12) CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749	LAUNDRY SERVICES	TX	NA	N/A								
(13) CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
(14) CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	DE	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(1) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(2) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
(3) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(4) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(5) KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
(6) Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
(7) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(9) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(10) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
(11) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
(13) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(14) PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	PRESENCE CHICAGO HOSPITALS NETWORK	Related		1,320,996		No		Yes		51 %
(1) PROFESSIONAL CLINICAL LABORATORIES LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
(2) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(3) SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
(4) SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(6) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
(7) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(8) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(9) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(10) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(11) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(12) VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(16) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
(1) ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(2) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(4) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(5) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(6) CARONDELET MEDICAL GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
(7) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
(8) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
(9) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(10) Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(11) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(12) CRITTENTON MEDICAL PHARMACY INC 1135 West University Dr 105 ROCHESTER, MI 48307 20-3773341	PHARMACY SERVICES	MI	NA	C Corporation				Yes	
(13) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(14) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(31) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
(1) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(2) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(3) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
(4) HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	NA	C Corporation				Yes	
(5) HOWARD YOUNG CLINICS INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706	HEALTHCARE	WI	NA	C Corporation				Yes	
(6) INDIAN CREEK CENTER INC 101 S Hanley Ste 200 St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(7) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(8) MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(9) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
(10) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(11) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(12) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(14) PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(46) PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
(1) PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
(2) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(3) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(4) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
(6) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(8) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(9) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(10) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(11) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(12) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(14) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	

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								Yes	No
(61) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(1) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(4) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(5) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
(6) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(7) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(8) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(9) Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
(10) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
(11) US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
(12) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(14) VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(76) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(1) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	
(2) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(4) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
(5) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(6) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	
(7) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
(8) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(9) L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN KY11120 CJ	INSURANCE	CJ	NA	C Corporation				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	PRESENCE HEALTH PARTNERS SERVICES	P	101,711	FAIR MARKET VALUE
(1)	PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	C	1,852,373	FAIR MARKET VALUE
(2)	Alexian Brothers Health System	C	659,527	FAIR MARKET VALUE
(3)	Presence Care Transformation Corporation	P	908,052,799	FAIR MARKET VALUE
(4)	Presence Care Transformation Corporation	M	167,903,344	FAIR MARKET VALUE
(5)	Ascension Health Senior Care	P	2,205,210	FAIR MARKET VALUE